

UNITED STATES DISTRICT COURT  
FOR THE \_\_\_\_\_

**FILED**

SEP 9 2003

U. S. District & Bankruptcy Courts  
Southern District of West Virginia

Willie Martin

Plaintiff,

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CIVIL NO. 5:03-2141

U. S. Dept. of Justice  
FEDERAL BUREAU OF PRISONS

Defendant (s).

PETITION PURSUANT TO 28 U.S.C.  
SECTION 1331

PETITIONER FILED IN THIS HONORABLE COURT FOR THE

United States District Court  
For the Southern District of West  
Virginia

BY PLAINTIFF:

Willie Martin

REG. # 34689-043

1331 Form

FORM TO BE USED BY FEDERAL PRISONERS IN FILING A COMPLAINT  
UNDER 28 U.S.C. § 1331

In the United States District Court  
For the Southern District of W. Va.

Willie Martin - REG # 34489-083

(Enter above the full name of the  
plaintiff or plaintiffs in this  
action)

v.  
United States Dept. of Justice  
Federal Bureau of Prisons

(Enter the full name above of the  
defendant or defendants in this  
action).

I. Place of Present Confinement Federal Correctional Institution (Beckley)

II. Previous Lawsuits

A. Have you begun other lawsuits dealing with the same facts involve  
in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ✓

B. If your answer to A is yes, describe each lawsuit in the space  
below. (If there is more than one lawsuit, describe the additional  
lawsuits on another piece of paper, using the same outline).

III. In order to proceed in federal court you must ordinarily fully exhaust your administrative remedies as to each ground on which you request action by the federal court.

A. Did you fully exhaust, including appeals, your administrative remedies pursuant to the Bureau of Prisons Policy Statement 1330.07? Yes ☒ No ☐

B. If your answer to A is yes,

1. What steps did you take? *SEE ATTACHED ADMIN. REM. WHERE I  
THIS GRIEVANCE TO THE B.O.P. - BY POLICY BUT TO NO AVAIL.*

2. What was the result? *THE B.O.P. EVASIONED SERIOUSNESS OF THIS COMPLAINT  
AND RELYING ON FURTHER HARRASSING ME, BY REFUSING ME ADDITIONAL  
MEDICAL TREATMENT FOR THE INJURY OF COMPLAINT.*

C. If your answer to A is no, why not ?

IV. Parties

(In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of plaintiff Willie Martin - REG # 34689-083  
FEDERAL CORRECTIONAL INSTITUTION (BECKLEY)  
P.O. Box 350 - BEAVER, WEST VIRGINIA

( In Item B below, place the full name of the defendant in the first blank, his official position in the second blank. Use Item C for the names, positions, and place of employment of any additional defendants).

B. Defendant US Dept. of Justice  
FEDERAL BUREAU OF PRISONS is employed as \_\_\_\_\_  
at \_\_\_\_\_

C. Additional Defendants TROY Williamson (WARDEN)

## V. Cause of Action

(List hereunder the different causes of action that are the grounds for the prosecution of this law suit.)

1. REFUSING PROPER MEDICAL TREATMENT, BY placing me on lock-down FOR 3 FULL DAYS.
2. MY jaw WAS BROKEN IN 3 PLACES, AS A RESULT of a Fall from a BED LADDER, AND WHEN I WAS finally GIVEN MEDICAL TREATMENT, I WAS ADMINISTERED THE WRONG MEDICATION. (SEE ATTACHED MEDICAL RECORDS)
3. THE 8th AMENDMENT of the U.S. Constitution prohibits CRUEL AND UNUSUAL PUNISHMENT, this claim is DIRECTED.

## VI. Grounds for relief

(Hereunder set out the factual allegations that you consider as establishing a basis for your requested relief under the specific cause/s of action/s.) (If additional space is necessary, include as attachments.)

1. FEDERAL BUREAU OF PRISONS HOUSED ME IN A CELL BUILT FOR (2), WITH (2) OTHER INMATES (SEE ATTACHED AFFIDAVITS). OVERCROWDED CONDITIONS CAUSED ME TO FALL AND, SUSTAIN A BROKEN JAW.
2. I WAS THEN PLACED IN SEGREGATION PENDING INVESTIGATION OF A FALL WHERE I COMPLAINED TO OFFICERS OF MY JAW BUT, WAS IGNORED FOR (3) FULL DAYS.
3. WHEN I FINALLY RECEIVED MEDICAL TREATMENT, I WAS ADMINISTERED THE WRONG MEDICATION.
4. VIOLATION of my CONSTITUTIONAL RIGHTS UNDER the 8th AMENDMENT of the U.S. Constitution ~~was~~ CRUEL AND UNUSUAL PUNISHMENT.

## VII. Relief sought

(Hereunder itemize the specific relief you exact to obtain on the prosecution of this law suit.)

1. A MONETARY SETTLEMENT of 2 million DOLLARS is SOUGHT AS RELIEF.
2. ~~ALTHOUGH~~ AN INVESTIGATION of F.C.I. Beckley's MEDICAL AND PROCEDURES BE MADE BY THE COURTS.

Wherefore, your Plaintiff respectfully requests that this Honorable Court grant the within relief sought and any other relief that this Court deems just and proper.

Signed this 6 day of SEPTEMBER, 2003.

Willie Martin

(Signature of plaintiff or  
plaintiffs)

Executed at F.C.I. Beckley - BECKLEY, W. VA.  
(Name of Institution, City, County)

I declare under penalty of perjury that the foregoing  
is true and correct.

Executed on 9-6-03

(Date)

Willie Martin

(Signature of plaintiff or  
plaintiffs)

## U.S. DEPARTMENT OF JUSTICE

## REQUEST FOR ADMINISTRATIVE REMEDY

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MARTIN Willie 34689-083 P.A.M. Beckley  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST *This institution performed improper surgical procedures on my jaw which was broken in 3 places. I was placed in the seg. unit per investigation for a fight, the medical staff NEVER performed a physical examination to warrant such an investigation. After I finally taken the hospital, I was administered the wrong medication which infected my jaw and caused my face to swell. The medical staff ignored and neglected my medical needs to the point that it was detrimental to my life.*

5-9-03

DATE

Willie Martin

SIGNATURE OF REQUESTER

## Part B- RESPONSE

6-6-03

DATE

Torrey Williams

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 299536-F1

CASE NUMBER:

## Part C- RECEIPT

Return to: \_\_\_\_\_  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

REQUEST FOR ADMINISTRATIVE REMEDY

BEC-299536-F1

INMATE: MARTIN, Willie

Reg. No. 34689-083

Your Request for Administrative Remedy dated May 9, 2003, received May 19, 2003, alleging the institution performed improper surgical procedures on your jaw has been reviewed. Specifically, you contend you were placed in the Special Housing Unit (SHU) pending an investigation for a fight, and medical staff never performed an examination warranting such an investigation. Furthermore, you allege after being taken to the hospital, the wrong medication was administered which infected your jaw and caused swelling. You contend medical staffs' neglect caused detriment to your life.

A review of your medical record reveals you were initially evaluated for injuries on February 12, 2003, after stating you had fallen out of bed. The injuries you suffered were inconsistent with injuries sustained from a fall as you described; therefore, the Operations Lieutenant placed you in SHU pending an investigation.

On February 14, 2003, you were evaluated for increased swelling to your lower jaw, and you were sent to an outside surgeon for a consultation to repair a fractured jaw. On February 19, 2003, a surgical repair of your jaw was completed by an outside surgeon. On February 20, 2003, it was determined you would need to be hospitalized due to increased swelling in your facial area. The swelling was a result of the surgery, not an adverse reaction to a medication. You were hospitalized from February 20 through February 25, 2003, and upon return to the institution you were evaluated by medical and dental staff.

On March 1, 2003, you became non-complaint with the prescribed treatment regimen and refused the prescribed antibiotic. You continued to refuse your prescribed antibiotic through March 7, 2003, at which time you made a sick call appointment with complaints of a wire coming loose in your jaw. Since March 7, 2003, medical and dental staff have continued to evaluate you throughout your post surgical course, and institution staff have rendered follow up care in accordance with community standards.

Based on this review, you have been treated appropriately and no improper surgical procedures have been conducted by either the institution staff or the surgeon. Your allegation of neglect is unsubstantiated and your request for relief is denied.

If you are dissatisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Mid-Atlantic Region, 10010 Junction Drive, Suite 100-North, Annapolis Junction, Maryland 20701, within twenty (20) calendar days of the date of this response.

6-6-03  
Date

Troy Williamson  
Troy Williamson, Warden



U.S. Department of Justice

## Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

Part A—REASON FOR APPEAL: In response to Administrative Remedy-#REC. 299538-F1 this institution failed to properly address my complaint of improper medical treatment, (See Attached Admin Rem.).

Medical records will show this institution is at fault for housing me in the Segregation Unit for 3 days with a Broken Jaw. This institution alleges that I was placed in S.H.U. pending an investigation for "Falling From A Bed" - investigative reports will show that I placed in the special housing unit pending investigation of a fight.

This institution violated my constitutional rights which allows me Freedom from Cruel Unusual punishment under the 8th Amendment of the United States Constitutional Amendment. I was administered the wrong medication after I was placed on "lock-up" with a Broken Jaw for 3 full days. These acts constitute blatant unprofessionalism and negligence on the part of the Administrator of this institution as well as the Federal Bureau of Prisons. To this I am still affected by the neglectful acts of this institution; my jaw is permanently crooked and I had Wire Graces in my mouth for 4 months, when Dental prescribes 8 weeks.

Sincerely,

DATE

SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER:

Part C—RECEIPT

CASE NUMBER:

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

ADMINISTRATIVE REMEDY REGIONAL APPEAL  
PART B - RESPONSE

Date Filed: June 30, 2003

Remedy I.D. No: 299536-R1

You appeal the Warden's response to your Request for Administrative Remedy. You claim you were inappropriately placed in special housing with a broken jaw, and medical staff ignored your medical needs.

Review of your appeal with institution staff indicates you were evaluated by clinical staff immediately following your injury. Staff noted no swelling of the area, and you claimed the injury happened from falling out of bed. Based upon your reported history, staff did not feel additional evaluation was warranted at that time. You were placed in the Special Housing Unit and did not request medical assistance until the following day. You were immediately evaluated by clinical staff who diagnosed you with a fracture of your jaw. You were referred to a community specialist for further treatment. There is no evidence medical staff ignored or neglected your medical needs.

Monetary damages are not available through the administrative remedy program. Should you wish to pursue monetary damages, you may file a claim under the Federal Tort Claims Act.

Your appeal of the Warden's response is denied. If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534. Your appeal must be received in the General Counsel's Office within 30 days from the date of this response.

JUL - 9 2003

\_\_\_\_\_  
Date

DAY  
\_\_\_\_\_  
K. M. White, Regional Director  
Mid-Atlantic Regional Office

U.S. DEPARTMENT OF JUSTICE

## REQUEST FOR ADMINISTRATIVE REMEDY

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Martin Willie 34689-083 P.A.M. Beckley  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST *This institution performed improper surgical procedures on my jaw which was broken in 3 places. I was placed in the sec. unit, per investigation for a fight, the medical staff NEVER performed a physical examination to warrant such an investigation. After I finally taken the hospital, I was administered the wrong medication which infected my jaw and caused my face to swell. The medical staff ignored and neglected my medical needs to the point that it was detrimental to my life.*

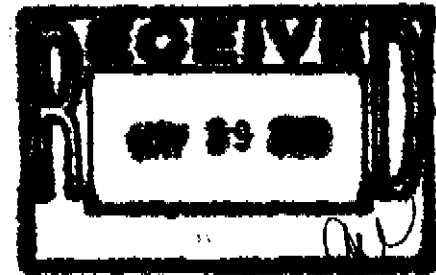
5-9-03

DATE

Willie Martin

SIGNATURE OF REQUESTER

## Part B- RESPONSE

6-6-03

DATE

Torrey Williams

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 299536-F1

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

Return to: \_\_\_\_\_  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

REQUEST FOR ADMINISTRATIVE REMEDY

BEC-299536-F1

INMATE: MARTIN, Willie

Reg. No. 34689-083

Your Request for Administrative Remedy dated May 9, 2003, received May 19, 2003, alleging the institution performed improper surgical procedures on your jaw has been reviewed. Specifically, you contend you were placed in the Special Housing Unit (SHU) pending an investigation for a fight, and medical staff never performed an examination warranting such an investigation. Furthermore, you allege after being taken to the hospital, the wrong medication was administered which infected your jaw and caused swelling. You contend medical staffs' neglect caused detriment to your life.

A review of your medical record reveals you were initially evaluated for injuries on February 12, 2003, after stating you had fallen out of bed. The injuries you suffered were inconsistent with injuries sustained from a fall as you described; therefore, the Operations Lieutenant placed you in SHU pending an investigation.

On February 14, 2003, you were evaluated for increased swelling to your lower jaw, and you were sent to an outside surgeon for a consultation to repair a fractured jaw. On February 19, 2003, a surgical repair of your jaw was completed by an outside surgeon. On February 20, 2003, it was determined you would need to be hospitalized due to increased swelling in your facial area. The swelling was a result of the surgery, not an adverse reaction to a medication. You were hospitalized from February 20 through February 25, 2003, and upon return to the institution you were evaluated by medical and dental staff.

On March 1, 2003, you became non-complaint with the prescribed treatment regimen and refused the prescribed antibiotic. You continued to refuse your prescribed antibiotic through March 7, 2003, at which time you made a sick call appointment with complaints of a wire coming loose in your jaw. Since March 7, 2003, medical and dental staff have continued to evaluate you throughout your post surgical course, and institution staff have rendered follow up care in accordance with community standards.

Based on this review, you have been treated appropriately and no improper surgical procedures have been conducted by either the institution staff or the surgeon. Your allegation of neglect is unsubstantiated and your request for relief is denied.

If you are dissatisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Mid-Atlantic Region, 10010 Junction Drive, Suite 100-North, Annapolis Junction, Maryland 20701, within twenty (20) calendar days of the date of this response.

6-6-03

Date

Troy Williamson  
Troy Williamson, Warden

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

## REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Martin Willie 34689-083 P.A.M. Beckley  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST *This institution performed improper surgical procedures on my jaw which was broken in 2 places. I was placed in the seg. unit for investigation for a fight, the medical staff never performed a physical examination to warrant such an investigation. After I finally taken the hospital, I was administered the wrong medication which infected my jaw and caused my face to swell. The medical staff ignored and neglected my medical needs to the point that it was detrimental to my life.*

5-9-03  
DATE

Willie Martin  
SIGNATURE OF REQUESTER

## Part B- RESPONSE



6-6-03  
DATE

Troy Williams  
WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 299536-F1

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (SEE INSTRUCTIONS)

REQUEST FOR ADMINISTRATIVE REMEDY

BEC-299536-F1

INMATE: MARTIN, Willie

Reg. No. 34689-083

Your Request for Administrative Remedy dated May 9, 2003, received May 19, 2003, alleging the institution performed improper surgical procedures on your jaw has been reviewed. Specifically, you contend you were placed in the Special Housing Unit (SHU) pending an investigation for a fight, and medical staff never performed an examination warranting such an investigation. Furthermore, you allege after being taken to the hospital, the wrong medication was administered which infected your jaw and caused swelling. You contend medical staffs' neglect caused detriment to your life.

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On March 1, 2003, you became non-complaint with the prescribed treatment regimen and refused the prescribed antibiotic. You continued to refuse your prescribed antibiotic through March 7, 2003, at which time you made a sick call appointment with complaints of a wire coming loose in your jaw. Since March 7, 2003, medical and dental staff have continued to evaluate you throughout your post surgical course, and institution staff have rendered follow up care in accordance with community standards.

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If you are dissatisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Mid-Atlantic Region, 10010 Junction Drive, Suite 100-North, Annapolis Junction, Maryland 20701, within twenty (20) calendar days of the date of this response.

6-6-03

Date

Troy Williamson

Troy Williamson, Warden



AFFIDAVIT

I Elbert Knight, witnessed (Willie Martin #34689-083), fall and hurt himself while sleeping on the top bunk in room 410. This accident took place on the date of 2/12/03.

This is a sworn statement given by "ELBERT KNIGHT" #27569-083.

SIGNATURE:

*Elbert Knight 27569-083*

"Authorized By The Act Of July  
27, 1955 To Administer Oaths  
(18 USC 4004)."

*CSJ*  
Case Manager

*8/19/2003*

**AFFIDAVIT**

I Emory Clemons# 17536-074, witnessed (WILLIE MARTIN #34689-083), fall and hurt himself while sleeping on the top bunk in room 410. This accident took place on the date of 2/12/03.

This is a sworn statement given by "EMORY CLEMONS #17536-074.

•\*

SIGNATURE:

*Emory Clemons 17536-074*

"Authorized By The Act Of July  
27, 1955 To Administer Oaths  
(18 USC 4004)."

*[Signature]*  
Case Manager

*CSW 8/19/10*

BEC-1330.13b  
 October 2, 1999  
 Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY  
 INFORMAL RESOLUTION FORM  
 FCI BECKLEY, WEST VIRGINIA

The Bureau of Prisons Program Statement on Administrative Remedy Procedures for Inmates states that before an inmate seeks formal review of a complaint, he must try to resolve the complaint informally by presenting it to a staff member. The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INMATE'S NAME: Willie Martin NO. 34689-083 UNIT P. All

1. Specific Complaint: This institution performed improper surgical procedures on my jaw which was broken in 3 places while I was in Seg 3. Plates were placed in my jaw - my jaw became very inflamed and I was refused treatment when I was finally treated, I was given the wrong medication.
2. Relief Requested: The medical staff be reprimanded and investigated, and I be compensated for

3. Date/Time Complaint received from inmate: April 15 2003 3 PM
4. Date/Time Informally discussed with inmate: April 15 2003 3 PM
5. Staff Response: You were treated in accordance with community standards. There is documentation of your non-compliance as well as your refusal of treatment.

If you seek compensation, please submit a tort claim.

6. Date Administrative Remedy provided: April 23.5 2003

7. Informal Resolution was was not accomplished.

Willie Martin 34689-083  
 INMATE'S SIGNATURE/REGISTER NO.

4/16/03  
 DATE

K. Colman White  
 STAFF MEMBER'S NAME & TITLE

April 23.5 2003  
 DATE

[Signature]  
 UNIT MANAGER'S SIGNATURE

4/23/03  
 DATE

**DISTRIBUTION:** If the complaint is informally resolved before being receipted, the Correctional Counselors shall maintain the informal resolution form for future reference. If the complaint is not informally resolved, forward the original resolution form, attached to the Administrative Remedy Form, to the Administrative Remedy Clerk.

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: AUGUST 1, 2003

*for [Signature]*  
FROM: ADMINISTRATIVE REMEDY COORDINATOR  
BOP CENTRAL OFFICE

TO : WILLIE MARTIN, 34689-083  
BECKLEY FCI UNT: PINE QTR: P03-902L  
PO BOX 1280  
BEAVER, WV 25813

FOR THE REASONS LISTED BELOW, THIS CENTRAL OFFICE APPEAL  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 299536-A1 CENTRAL OFFICE APPEAL  
DATE RECEIVED : JULY 31, 2003  
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO  
SUBJECT 2 :  
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT PROVIDE A COPY OF YOUR REGIONAL OFFICE  
ADMINISTRATIVE REMEDY APPEAL (BP-10) FORM OR A COPY  
OF THE (BP-10) RESPONSE FROM THE REGIONAL DIRECTOR.

REJECT REASON 2: YOU MAY RESUBMIT YOUR APPEAL IN PROPER FORM WITHIN  
15 DAYS OF THE DATE OF THIS REJECTION NOTICE.

*Please see page 7 that  
I have inclosed a copy of  
such forms (BP-10 Regional response).*

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR 9 and BP-DIR 10, including any attachments must be submitted with this appeal.

From: MARTIN Willie 34639-033 P.A.U. Beckley  
LAST NAME, FIRST, MIDDLE INITIAL. REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL. REGIONAL DIRECTOR'S RESPONSE TO APPEAL OF REM. NO. # BEZ. 299536-F2 (WARDEN'S RESPONSE TO INITIAL CLAIM.—  
REGIONAL DIRECTOR'S RESPONSE I.D. NO. # 299536-RI., AN 8th AMENDMENT VIOLATION IS THE BASIS OF THIS CLAIM, WHEREAS THIS INSTITUTION VIOLATED MR. MARTIN'S CONSTITUTIONAL RIGHTS BY DENYING HIM PROPER MEDICAL TREATMENT. MARTIN WAS PLACED IN SEC. WITH A BROKEN JAW AND SUFFERED SUCH FOR 3 FULL DAYS. MARTIN HAS ATTEMPTED TO GAIN ACCESS OF HIS MEDICAL RECORDS AND THE INVESTIGATIVE REPORTS THROUGH INMATE REQUEST, BUT TO NO AVAIL. THESE DOCUMENTS IS AN IMPORTANT PART OF THIS CLAIM (PLEASE SEE ABOVE MENTIONED DOCUMENTS). PREVIOUS RESPONSES FAIL TO ADDRESS THIS CLAIM PROPERLY, WHERE MARTIN SUFFERED CRUEL AND UNUSUAL PUNISHMENT. MR. MARTIN WAS PLACED IN SEC. WITHOUT FIRST BEING EXAMINED BY MEDICAL STAFF, INVESTIGATION REPORTS WILL SHOW MEDICAL NEGLIGENCE AND UNPROFESSIONALISM ON THIS INSTITUTION'S BEHALF.

7-20-03  
DATE

Willie Martin  
SIGNATURE OF REQUESTER

Part B—RESPONSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 299536-A

Part C—RECEIPT

CASE NUMBER: 3

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL. REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP 0210

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

## Part A—REASON FOR APPEAL

REG. NO. 244526 - FI (URGENT RESPONSE TO MAIL OF CLAIM) -  
 Regional Director's Response I.D. No. 244526 - RI. An violation of  
 violation is the basis of this claim, whereas this violation involves the  
 violation constitutional rights by depriving him proper medical treatment.  
 Mr. Black was held in 466 with a broken jaw and suffered such for 12  
 days. Mr. Black has attempted to gain access of his personal records and the  
 medical reports through inmate request but to no avail. These documents is  
 an important part of this claim to prove the above mentioned violations.  
 Mr. Black was held in a room for 12 days, severely, and a broken jaw  
 and a broken arm. Mr. Black was held in 466 with a broken jaw and a  
 broken arm. Mr. Black was held in 466 with a broken jaw and a broken arm.  
 Mr. Black was held in 466 with a broken jaw and a broken arm.

7-20-03

DATE

SIGNATURE OF REQUESTER

## Part B—RESPONSE

DATE

GENERAL COUNSEL

SECOND COPY: REGIONAL FILE COPY

CASE NUMBER:

244526-A

## Part C—RECEIPT

CASE NUMBER:

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

## REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MARTIN Willie 37689-083 P.A.M. Beckley  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST *THIS INSTITUTION PERFORMED IMPROPER SURGICAL PROCEDURES ON MY JAW WHICH WAS BROKEN IN 3 PLACES. I WAS PLACED IN THE SEC. UNIT PER INVESTIGATION FOR A FIGHT, THE MEDICAL STAFF NEVER PERFORMED A PHYSICAL EXAMINATION TO WARRANT SUCH AN INVESTIGATION. AFTER I FINALLY LEAVE THE HOSPITAL, I WAS ADMINISTERED THE WRONG MEDICATION WHICH INFECTED MY JAW AND CAUSED MY FACE TO SWELL. THE MEDICAL STAFF IGNORED AND NEGLECTED MY MEDICAL NEEDS TO THE POINT THAT IT WAS DETRIMENTAL TO MY LIFE.*

5-9-03

DATE

Willie Martin

SIGNATURE OF REQUESTER

## Part B- RESPONSE

6-6-03

DATE

Torrey Williams

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 299536-F1

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

Return to: \_\_\_\_\_  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

U.S. Department of Justice

## Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: MARTIN Willie 34689-083 PINE A-Up BECKLEY  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

**Part A—REASON FOR APPEAL :** In response to Administrative Remedy-#BEC. 299536-F1 this institution failed to properly address my complaint of improper medical treatment, (See Attached Admin Rem.).

Medical records will show this institution is at fault for housing me in the Segregation Unit for 3 days with a Broken Jaw, This institution alleges that I was placed in S.H.U. pending an investigation for "Falling From A Bed" - investigative reports will show that I was placed in the special housing unit pending investigation of a fight.

This institution violated my constitutional rights which allows me Freedom from Cruel and Unusual punishment under the 8th Amendment of the United States Constitutional Amendment. I was administered the wrong medication after I was placed on "lock-up" with a Broken Jaw for 3 full days. These acts constitute blatant unprofessionalism and negligence on the behalf of the Administrator of this institution as well as the Federal Bureau of Prisons. To this day I am still affected by the neglectful acts of this institution; my jaw is permanently crooked and I had Wire Braces in my mouth for 4 months, When Dental prescribes 8 weeks.

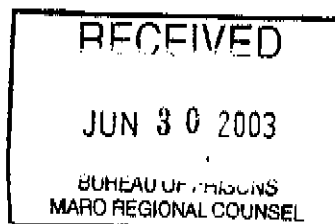
Sincerely,

6-24-03

DATE

Willie Martin #

SIGNATURE OF REQUESTER

**Part B—RESPONSE**

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL RETURN TO INMATE

CASE NUMBER: 299536-21**Part C—RECEIPT**CASE NUMBER: 299536-21

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_



U.S. Department of Justice

## Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR 9 including any attachments must be submitted with this appeal.

From: Martin Willie 34689-083 Pine A-Up Beckley  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

**Part A—REASON FOR APPEAL :** In response to Administrative Remedy-#BEC. 299536-F1 this institution failed to properly address my complaint of improper medical treatment, (See Attached Administrative Remedy).

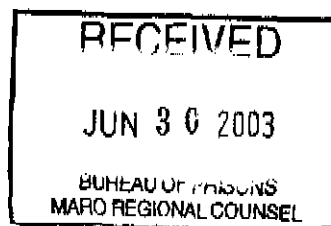
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This institution violated my constitutional rights which allows me Freedom from Cruel and Unusual punishment under the 8th Amendment of the United States Constitutional Amendment. I was administered the wrong medication after I was placed on "lock-up" with a Broken Jaw for 3 full days. These acts constitute blatant unprofessionalism and negligence on the behalf of the Administrator of this institution as well as the Federal Bureau of Prisons. To this day I am still affected by the neglectful acts of this institution; my jaw is permanently crooked and I had Wire Braces in my mouth for 4 months, when Dental prescribes 8 weeks.

Sincerely,

6-24-03  
DATE

Willie Martin #  
SIGNATURE OF REQUESTER

**Part B—RESPONSE**DATEREGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

**Part C—RECEIPT**CASE NUMBER: 299536 R

Return to:

LAST NAME, FIRST, MIDDLE INITIALREG. NO.UNITINSTITUTION

SUBJECT:

**REQUEST FOR ADMINISTRATIVE REMEDY**

**BEC-299536-F1**

**INMATE: MARTIN, Willie**

**Reg. No. 34689-083**

Your Request for Administrative Remedy dated May 9, 2003, received May 19, 2003, alleging the institution performed improper surgical procedures on your jaw has been reviewed. Specifically, you contend you were placed in the Special Housing Unit (SHU) pending an investigation for a fight, and medical staff never performed an examination warranting such an investigation. Furthermore, you allege after being taken to the hospital, the wrong medication was administered which infected your jaw and caused swelling. You contend medical staffs' neglect caused detriment to your life.

A review of your medical record reveals you were initially evaluated for injuries on February 12, 2003, after stating you had fallen out of bed. The injuries you suffered were inconsistent with injuries sustained from a fall as you described; therefore, the Operations Lieutenant placed you in SHU pending an investigation.

On February 14, 2003, you were evaluated for increased swelling to your lower jaw, and you were sent to an outside surgeon for a consultation to repair a fractured jaw. On February 19, 2003, a surgical repair of your jaw was completed by an outside surgeon. On February 20, 2003, it was determined you would need to be hospitalized due to increased swelling in your facial area. The swelling was a result of the surgery, not an adverse reaction to a medication. You were hospitalized from February 20 through February 25, 2003, and upon return to the institution you were evaluated by medical and dental staff.

On March 1, 2003, you became non-complaint with the prescribed treatment regimen and refused the prescribed antibiotic. You continued to refuse your prescribed antibiotic through March 7, 2003, at which time you made a sick call appointment with complaints of a wire coming loose in your jaw. Since March 7, 2003, medical and dental staff have continued to evaluate you throughout your post surgical course, and institution staff have rendered follow up care in accordance with community standards.

Based on this review, you have been treated appropriately and no improper surgical procedures have been conducted by either the institution staff or the surgeon. Your allegation of neglect is unsubstantiated and your request for relief is denied.

If you are dissatisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Mid-Atlantic Region, 10010 Junction Drive, Suite 100-North, Annapolis Junction, Maryland 20701, within twenty (20) calendar days of the date of this response.

6-6-03

Date

Troy Williamson

Troy Williamson, Warden

June 16, 03

Willie Martin # A-23  
# 34689-083 #

I would like to get a copy of  
my medical record before I go home I go to  
9-10-03. And may you send my medical record to  
me when you get my copy out as by law at this  
Institution.

Willie Martin #  
# 34689-083 #

Inmate requested copies of his  
medical chart. A total of 151 copies  
were released to inmate.  
(Excluding HIV information.)

<sup>error</sup>  
Dated ~~6-2-98~~  
6-2-98 through 6-23-03

8-17-03

Received  
FPC/FCI Beckley  
6/22/03

## APACHE REGIONAL HEALTHCARE, INC.

Beckley-ARH Hospital

306 Stanaford Road

Beckley, West Virginia 25801

## DISCHARGE SUMMARY

Patient: MARTIN, WILLIE 34689-083	Patient #: 250949
Attending Physician: SURAYIA T. HASAN, M. D.	
Service: INTERNAL MEDICINE	
Admission Date: 02/20/03	Discharge Date: 02/25/03
Dictation Date: 02/25/03 @ 1051	Transcription Date: 02/25/03 @ 1103

## DIAGNOSES

1. Swelling of the face, postsurgical, plus cellulitis of the face.
2. Inability to swallow secondary to above, improved.
3. Pulmonary congestion at time of admission, improved.
4. Diabetes mellitus, controlled.
5. Status post cholecystectomy.
6. Hepatitis C and A.

This young male was admitted with marked swelling of the face with difficulty in swallowing, inability to even swallow his saliva after surgery for bilateral mandibular fracture.

## HISTORY AND PHYSICAL EXAMINATION:

The History and Physical Examination is incorporated into the Discharge Summary as a part of the Discharge Summary.

## LABORATORY INVESTIGATIONS:

Blood glucose 227, repeat 186. WBC 13.2, RBCs 4.95, Hgb 15.7, Hct 45, MCV 92, MCH 31, MCHC 34, platelet count 265,000, segs 70, bands 20, lymphs 7, monos 2. Sodium 134, potassium 4.2, chloride 99, BUN 12, serum creatinine 1.0, total protein 8.4, albumin 3.6, calcium 9.2, blood sugar 131, SGOT 24, bilirubin 0.56, alk. phos. 43, SGPT 35. Repeat WBC 11.1 with no bands. X-ray of the facial bones, no obvious facial bone fracture, internal fixation of the mandible. X-ray of the chest was normal. CT of the facial bones, status post internal fixation of the mandibular fracture with good alignment of the fracture fragments, no fluid collection in the paranasal sinuses.

## COURSE &amp; PROGRESS IN THE HOSPITAL

Pt was initially admitted to CCU. He was treated with IV antibiotics, Decadron. The pt was seen by the oral surgeon who did his surgery in Charleston and felt that he was progressing satisfactorily. He felt the main reason for the swelling was trauma from the surgery. Pt when better was started on clear liquids and then blended diet. Yesterday, he was having constant hiccups. U/S of the abdomen was done which was normal. He did not have a good BM and was given mag. citrate 125 ccs with good effect. He is being discharged back to the prison today with advice to take:

1. Clindamycin 300 mg t.i.d. for the next five days.
2. He can have Maalox 30 ccs q.6h. p.r.n.

D. McLAIN D.O., CLINICAL DIRECTOR  
FCI/FPC BECKLEY  
BEAVER, WV

3-6-03

MARTIN, WILLIE  
25 09 49  
DISCHARGE SUMMARY  
PAGE 2

ARU

3. Tylenol Elixir 650 mg q.6h. p.r.n. for pain.
4. He can take blended pureed diet through a straw.

His blood sugar was monitored during his stay and it stayed well controlled with the diet alone. He is to drink lots of fluids. His condition at the time of discharge is good. He can gradually increase his activities. He is to follow up with the oral surgeon who did the surgery in Charleston.

SURAYIA T. HASAN, M. D.

STH/rds - #2563

cc: Federal Prison

Attachment: History and Physical Examination

*DM*  
D. McLAIN D.O., CLINICAL DIRECTOR  
FCI / FPC BECKLEY  
BEAVER, WV

3/6-03

*Martin, Willie*  
*34689-083*

## APPALACHIAN REGIONAL HEALTHCARE, INC.

Beckley-ARH Hospital

306 Stanaford Road

Beckley, West Virginia 25801

## HISTORY AND PHYSICAL EXAMINATION

Patient: MARTIN, WILLIE J. 34689-083	Patient #: 250949
Attending Physician: SURAYIA T. HASAN, M. D.	
Service: INTERNAL MEDICINE	Location: ICU
Admission Date: 02-20-03	
Dictation Date: 02-20-03 1050	Transcription Date: 02-20-03 1238

## PRESENT ILLNESS:

This 30-year old Afro-American male has been admitted because of marked swelling of the face with chills and fever, inability to open the mouth, inability to swallow. The patient was in the Federal Prison where he was a long term resident. He broke his jaw and was referred to an oral surgeon in Charleston, St. Francis Hospital. He had surgery and the jaw was wired. This was done on Tuesday of last week. Yesterday, his face started swelling up and the swelling is gradually getting worse. He states it is painful and he chilled. His temperature went up. He is not able to answer his mouth and cannot swallow his saliva. He is drooling constantly. He denies any pleuritic chest pain or hemoptysis. He is not able to cough or expectorate his sputum.

## PAST HISTORY:

Diabetes mellitus, on oral medications. He was admitted in 1999 for gallbladder disease and had open cholecystectomy. There is history of surgery for bleeding peptic ulcer disease several years ago. History of alcohol and drug abuse 20 years ago. Hepatitis C and A because of drug abuse. He states he quit drinking about 20 years ago.

## FAMILY HISTORY:

None of serious illness.

## PERSONAL HISTORY:

Long term resident of Federal Prison. He does not smoke and is not drinking at present. He is not abusing drugs at present.

## REVIEW OF SYSTEMS:

CONSTITUTIONAL: His weight is maintained.  
 HEENT: Eyes show no discharge. Occasional sinus infections.  
 RESPIRATORY: No history of COPD.  
 CVS: No history of hypertension or myocardial infarction.  
 GI: Surgery for bleeding peptic ulcer disease, status post cholecystectomy.  
 GU: No history of recurrent UTI.  
 CNS: No history of CVA or seizures.  
 MUSCULOSKELETAL: No history of arthritis.  
 INTEGUMENTARY: Normal.  
 HEMATOLOGICAL/LYMPHATIC: Normal.  
 ENDOCRINE: No history of thyroid disease. Diabetes mellitus.  
 PSYCHIATRIC: No history of anxiety or depression.

D. McLAIN D.O., CLINICAL DIRECTOR  
 FCI / FPC BECKLEY  
 BEAVER, WV

MEDICAL RECORD

CONSULTATION SHEET

## REQUEST

TO: Mountain State Oral and  
maxillofacial Surgeons

FROM: (Requesting physician or activity)  
FCT Beckley

DATE OF REQUEST  
2-15-03

REASON FOR REQUEST (Complaints and findings)

Allergies: NKDA

Medications: Motrin 20cc (400mg) TID ; Tylenol #3 2 tabs po TID ; Ensure 2 boxes TID  
Penicillin VK 500mg 2 tablet QID x 10 days

Patient History to include present and past procedures:

±/m = hx of fx lower right and left jaw on 2-12-03 after falling  
out of bed. No LOC. Seen by Mountain State Oral and  
maxillofacial surgeons on 2-15-03. Scheduled for oral surgery  
on AM of 2-18-03.

## PROVISIONAL DIAGNOSIS

Fx Mandible

DOCTOR'S SIGNATURE Shaun Lust, MD VLO Dr. Rehberg	APPROVED	PLACE OF CONSULTATION FCT _____ FPC _____	<input type="checkbox"/> Routine <input type="checkbox"/> Today <input type="checkbox"/> 72 Hours <input type="checkbox"/> Emergency
---	----------	--	---

## CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

(Continue on reverse side)

NATURE AND TITLE

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

Name Martin, Willie

FCT/FPC Beckley

CONSULTATION SHEET

Number 34689-083

Medical Record

DOB 11-12-72

STANDARD FORM 513 (REV. 8-92)



## CHRONOLOGICAL RECORD OF MEDICAL CARE

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503 WT/190  
CUSTODY/IN

34689-083  
HR/BK EY/BN

Beaver, WV 25803

STANDARD FORM 600 BACK (REV. 5-84)

S. TAYLOR, PA-C  
CERTIFIED PHYSICIAN ASSISTANT  
FCI/FPC BECKLEY

*[Signature]*

③ pt to go to 5th via road

② pt to go to

① pt to go to 5th via road

A: D Ex<sup>1</sup> year

O: Awake and alert. Ambulatory & difficult to  
Respiration even and unlabored

awakening during

5. pt back from town trip due to 6 hr year

T 993 P 89 R 18 B 10 144 wt 185

FCI/FPC BECKLEY

RTR

J. THOMPSON

X-ray completed. Thompson

Skull, C-spine, Malar, Soft Tissue Neck

FCI/FPC Beckley

M. Clark  
PharmD

COMMENTS:

INTERVIEWING REFERRAL FAIR GD.

INTERVIEWING REFERRAL FAIR GD.

INTERVIEWING REFERRAL FAIR GD.

6. Educated by 1 nurse, and  
diet 100% liquid

5. Nurse follow up in 5th X2/5th

4. Reassure if 7th X 7th

3. cut up of CT/EP visit

2. C-spine, New Skull done

1. C-spine, New Skull

1. C-spine, New Skull

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

NSN 7540-00-634-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)		
1/8/03	S/P static he felt a bump on his lower center chest.		
0600	x 2 days since HIV/D/fever, chills, chest pain, throat pain tenderness (Pt denies)		
	C) B A+OX3 in NAD		
	Ambulatory in all		
	skin - nochy noted on exam. Pt could not find bump that he was referring to.		
	C) swelling & discoloration sternum & lesions		
	A) suspected condition nochy food		
	P) Pt advised on DX + TX plan		
	FIV on SIC Plan or if bag returns		
	J. AB/ackensly, CF1/		
1/17/03	S: 60 "Bump" on chest - Medline		
0900	D) A+OX3 Amb - stand gait		
540	Chest - C) Prominent Zygoid Process		
	C) Near tendon -		
	A: Healthy Male		
	P: C) FIV Via Sides Talker		
	C) Chest Pain		
	C) PE Ed Re: with Medically Indicated		
Federal Correctional Institution		RECORDS MAINTAINED AT	
P.O. Box 1280		PATIENT'S NAME (Last, First, Middle Initial)	
Beaver, WV 25803		Morton, Willie	
		RELATIONSHIP TO SPONSOR	STATUS
		SPONSOR'S NAME	ORGANIZATION
		DEPART./SERVICE	SSN/IDENTIFICATION NO.
			34688-083
		DATE OF BIRTH	11/12/72

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

STANDARD FORM 600 BACK (REV. 5-84)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
13/03	5. 0% knot in chest which is tender
05/19	D. Pointed to lymph node process
	Hill tenderness over lymph node process
	A. Tumor process tenderness
	P. Tumor to chest "knot" by Altmann &
	Process
	② Elastic pen
	③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿
	B. STEVENS
	CONTRACT PHARMACY TECH
	K. KAISER
	PAO
	FCI/FPO BECKLEY
	FCI/FPO BECKLEY
	FCI/FPO BECKLEY
	FCI/FPO BECKLEY
	FCI/FPO BECKLEY
	FCI/FPO BECKLEY
	FCI/FPO BECKLEY
	FCI/FPO BECKLEY
	FCI/FPO BECKLEY

Admin. staff: See ongoing assessment  
 S. Stevens  
 S. Lock, MD  
 D. McLean D.O., CLINICAL DIRECTOR  
 FCI/FPO BECKLEY  
 BEAVER, WV

NSN 7540-00-634-4176

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
2-14-03 1815	S: I/m clo pain to jaw - Rates as 7 on scale of 1-10 O: T. 98.2 P. 86 R. 18 BP 138/84 A: A+O x3. Resp extm + unlabored. No respiratory disturbance. Edema to face bilat. Lips dry + cracked. Oral mucosa pink + moist. A: Pain R/T Ex. Jaw P: Per V.O. DR. Rehberg: Motrin 800mg (Liquid) 40cc given To repeat Motrin $\bar{c}$ 400mg $\bar{c}$ 11:30pm tonight prior to NPO status $\bar{c}$ M.N. Administered 4 containers of Ensure as ordered per DR Rehberg $\bar{c}$ I/t inability to consume solid foods. NPO $\bar{p}$ M.N. - M.O. M. Owens Clinical Nurse FCI/FPC Beckley
2-14-03 1835	S: Follow-up O: Upon arrival, I/m lying quietly in bed. Rates pain as currently. No $\Delta$ s in assessment. A: Pain R/T Ex. Jaw P: As previously ordered: Liquid Motrin 400mg PO given. NPO $\bar{p}$ M.N. SHU officer reminded of NPO status M. Owens, R.A.

RECORDS

M. Owens  
Clinical Nurse  
FCI/FPC Beckley

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

MARTIN

WILLIE

B/M/O/11-12-1972

HT/503 WT/190

CUSTODY/IN

34689-083

HR/DK FY/BN

(sign each entry)

5/10/83

9-1-1947

*Alfred Rosta*

Continue to monitor

2025-2026

01/01/20

stands in room getting  
to surgery at 4:30.

Let's get the you  
1 on 1-10 scale.

pin AS

~~② and ③ ↑ Jaws. Unable~~

~~scheduled for Tuesday am to have surgery. It also pains @ 811~~

~~area only. Rates 6-7 on scale of 1-10. No other clo.~~

3, resp even and unlabeled 3 any distress observed, lungs clear

exactly; abd soft  $\approx$  85@x4; asm checks normal; manual edema

~~↑ jaw area, no deformities observed or palpated; bow to jaw~~

~~city & but no airports plotted = Rom. US of 1981/84, 89, 98, 16~~

ation in conflict

• Rekey: ① Typeval # 3 II tabs PORTIN (crush) ② Centrifuge

to stop 80 TID ③ Continue Ensure  $\frac{11}{22}$  cans TID ④ Penicillin VK

ing 4 times daily until surgery (5) 10:00 AM on Monday 3-17-03

~~perform nursing assessments & provide care per shift~~

6000 BACK (REV. 5-84)

## CLINICAL NURSE

FPC/HCI BECKLEY, BEAVER, WV

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

S: Resting  $\bar{c}$  eyes closed

O: Rese eyes and unlabeled

A: Affection in confid

P: Instructed SMH office to Notify this at any time

distress

K THOMPSON, HN  
FCI/BECKLEY, RN

S: Resting  $\bar{c}$  eyes closed covered easily

C/O not pain rated a "5" on 1-10 scale

deposi difficulty swallowing

O: AAOX3, able to drink Enose  $\bar{c}$  difficulty

A: Afflict in confid

P: For orders ① Metrin (liquid) 400mg po given

② Enose drink

③ Tylenol #3  $\bar{c}$  tablet po (cashed)

④ Instructed to notify this  $\bar{c}$  problem, verbalized

understanding

K THOMPSON, BN  
FCI/BECKLEY, RN

S: Resting quietly at this time  $\bar{c}$  any alo

O: W-OX3, no A in prior assessments; resp even and unlabeled

no distress observed

A: Affliction in confid

P: Continue assessments and tx as ordered. Report any A's to HSO-58

S: Awake and resting quietly alo @ jaw area pain of 8

on 1-10 scale. Talking  $\bar{c}$  difficulty; denies all other A's

O: W-OX3, resp even and unlabeled  $\bar{c}$  any distress noted

A: Affliction in confid

P: ① Metrin 200 po now ② Tylenol #3 2 tabs po now ③ Enose drink

S. LUSK, RN  
CLINICAL NURSE  
FCI/BECKLEY, RN  
STANDARD FORM 600 BACK (REV. 5-84)



NSN 7540-00-634-4176

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
2-15-03	S: Tm sleeping but awakes easily & voices. Reports (R) jaw
1430pm	area pain & S on scale 1-10. Denies all other c/o
	O: A/C x 3, no N's from assessments @ 1030am
	A: Alteration in Comfort
	P: Per order: O Tylenol #3 if tabs PO given
	S. Lusk, RN CLINICAL NURSE FPC/FBI BECKLEY, BEAVER, WV S. Lusk, RN
15 Feb 03	S: Status check per Doctor's order
17:50	O: A/C x 3, swelling to Jaw has decreased
wt 183 lbs	over the past 24 hrs, Talking well. C/O
	Continued pain, no bleeding
	A: Alteration in Comfort
	P: Tylenol #3, Motrin liquid / ensure s.c. as directed will continue to monitor.
	K. Law RN - K. Law.
	Ken Law, RN AS Clinical Nurse FBI / FPC Beckley, WV
15 Feb 03	S: Status check
11:35	O: T = 98.4, A/C x 3 no Δ in present condition
	A: Alteration in Comfort
	P: Tylenol #3, Motrin / ensure given as
	directed. K. Law RN - K. Law

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

CUSTODY/IN

MARTIN

WILLIE

34689-083

B/M/O/11-12-1972

HT/503 WT/190

HR/BK

EY/BN

CUSTODY/IN



DARD FORM 600 BACK (REV. 5-84)

S. JAYROR, PA-C  
CERTIFIED PHYSICIAN ASSISTANT  
FCI/FPC BECKLEYD. McLANE D.O., CLINICAL DIRECTOR  
FCI/FPC BECKLEY  
BEAVER, WV

(3) Will continue to follow pt in STH

00 R

(2) Tylenol #3 4 prn motion and a enema given

P: Continue Present Plan.

A: Hx of Fr mandible

Rates pain 6 on 1-10 scale &amp; bleeding noted

difficulty. Reoperations even and unlabored

o: Enema, awake and alert NAD. Ambulate 3

S: Follow up one month

D. McLANE D.O., CLINICAL DIRECTOR  
FCI/FPC BECKLEY  
BEAVER, WV

As ordered.

P: Tylenol #3, Motrin &amp; Enema given

A: Attention in comfort

bleeding present.

Rates pain 4.5 on 1-10 scale.

o: Hx of R3. Change in ortho condition

S: Follow up Assessment

D. McLANE D.O., CLINICAL DIRECTOR  
FCI/FPC BECKLEY  
BEAVER, WV

P: Continue to Monitor 2 x per shift

A: Attention in comfort

Rates pain 4.5 on 1-10 scale.

o: Hx of R3. Able to verbalize.

S: Follow up Assessment

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

DATE

NSN 7540-00-634-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)		
2-16-03 1730	S: Awake and laying quietly. I'm ok @ jaw area pain and rates 8 on scale of 1-10. No other obs. a: 0203, no distress observed, no A in physical assessments o: Alteration in Comfort P: Per written order: ① Ensure ii boxes PO ② Monitor 20cc PO now ③ Tylenol #3 ii tabs PO now ④ Return any A's to HSO immediately <i>S. Lusk, RN</i> S. LUSK, RN CLINICAL NURSE FPC/FCI BECKLEY, BEAVER, WV		
2-16-03 2200	S: Resting quietly 2 eyes closed but aroused easily to voice. Reports 4 of pain to @ jaw and rates 2 on 1-10 scale. No other obs or A's a: Assessments unchanged A+023 2 any distress observed o: Alteration in Comfort P: Per written order: ① Cont routine tx ② Ice to jaw pain ③ Report any A's to HSO <i>S. Lusk, RN</i> S. LUSK, RN CLINICAL NURSE FPC/FCI BECKLEY, BEAVER, WV		

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

RECORDS MAINTAINED AT			
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	34687-083		

CHRONOLOGICAL RECORD OF MEDICAL CARE

 STANDARD FORM 600 (REV. 5-84)  
 Prescribed by GSA and ICMR  
 FIRM (41 CFR) 201-45.505

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

0503 MHA- W-139 BP 159/75 P 66 R 16 T 973

115 S ILM returns from town trip for complications after mandibular ORIF. ILM voices no dx

Rites pain on scale of 1-10 a 4

0) WAD M:013 speech clear

Stu - minimal swelling to L side of face

not able to speak clearly or fluently

Cardio - RRR no @ appreciated

Lungs - CTA mild

Abd - SNT Active Bxst classes discontinued

A) S/P ORIF Mandibular fx.

D) Reviewed chart labs and dx studies

PT ED to discharge instructions. ILM verbalizes

understanding. PT ED to needs compliance and side

effects. Flu vit sick call p.m.

\* Clindamycin 150mg/5cc II tsp po tid x 10d

X Tylenol Elaxir 100mg/5cc 15cc po tid for IUD

\* Clear liquid diet for IUD

\* Ensure one box po tid for next 2 wks

D. McALIN D.O. CLINICAL DIRECTOR

FCI/FPC BECKLEY BEAVER, WV

S. ROSE PAO

FCI/FPC BECKLEY

M. CHIEF

PHOTOGRAPH

pt info given

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

PATIENT'S NAME (Last, First, Middle Initial)		RELATIONSHIP TO SPONSOR		STATUS		RANK/GRADE	
Martin, Willie							
SPONSOR'S NAME		ORGANIZATION					
DEPT./SERVICE		SSN/IDENTIFICATION NO.		DATE OF BIRTH			
		34684-083					

CHRONOLOGICAL RECORD OF MEDICAL CARE  
STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and IC/MR  
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
3/1/03 1336	Admin note: Inmate is Ex Jaw, Refused noon Dose of Clevomycin. Stated "I will not take any more of your medicine". Inmate is mad because he wants more Enforce than what was ordered for him by the Prisoner. Inmate educated on not taking meds and possible outcomes. ————— J. Walker / Jeff Walker
	D. McLain D.O., CLINICAL DIRECTOR FCI / FPC BECKLEY BEAVER, WV <i>DM</i>
3/4/03 0830 GHW	S: C/O Difficulty eating DIT for <i>Request</i> D: A & O x 3 <i>Intake - Call - Steady gain</i> A: Ex Jaw — P: D & E Ed Ri already on <i>Insulin + Pancre</i> <i>Light Meds</i> ② <i>HW Via Social call</i> ③ <i>Heart Pump</i> ④ <i>DT</i> <i>[Signature]</i>
3/7/03 0811	DIT states <i>wire</i> came out of my jaw. I was sent to fix it. C/O pain is talking. When asked rate 1/10 scale. Responded "ahh". Denies fever, chills. D) P in NAD ATOX3. up & Ambulatory in cell. tenderness with palpation (C) jaw line. A deformity noted at this time. A able to open & close mouth when talking is apparent difficulty. A) S/P Ex. P) Dental notified. F/U S/C Ann <i>[Signature]</i> J.A. Blankenship

NSN 7540-00-634-4176

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
2-20-03 0800	<p>S: Pt. had ORIF of Lx mandible 2 days ago.</p> <p>T Swelling over the course of the night. Drooling thru nose. No difficulty breathing but tachycardia.</p> <p>I discussed the case w/ Dr. Pennesson (oral surgeon).</p> <p>O- P=98 R=16 BP=134/56</p> <p>Pt alert. Drooling noticed but no resp. compromise.</p> <p>Very significant edema to lips esp. the lower lip &amp; bilateral mandibular area. Tach is noted.</p> <p>Tongue clear all fields.</p> <p>Heart - sinus tachycardia.</p> <p>A - probable anisomeric edema.</p> <p>S/p ORIF Lx mandible.</p> <p>P - I discussed the case w/ Dr. Pennesson (oral surgeon) to be directed to BWH for dent. Admit under Dr. Hosen to ICU. I discussed the case w/ her. I felt pt. should go to local hospital rather than going to St. Francis in Charleston over 1 hour away as airway compromise needs to be watched closely.</p> <p>- Decadron 4mg IV given Dr. G. J. Waller / J. P. Waller</p> <p>- Benodryl 25mg IV given Dr. G. J. Waller / J. P. Waller</p>

D. McLAIN D.O., CLINICAL DIRECTOR  
FCI / FPC BECKLEY  
BEAVER, WV

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

MARTIN

WILLIE

34689-083

B/M/O/11-12-1972

HT/503 WT/190

HR/BK

EY/BN

CUSTODY/IN

MARTIN

WILLIE

34689-083

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
21-03	ADMIN NOTE ILM admitted to BARTH & working dx of cellulitis to the face. ILM s/p ORIF of mandible on 2-18-03. Condition is stable
	Labs - 13.2 / 15.7 / 45.6 134 / 99 / 118 12 / 118 / 118 Date of discharge unknown Blood cultures pending XRay of chest & face pending S. ROSE PA-C FCI/FPC BECKLEY D. McLAIN D.O., CLINICAL DIRECTOR BEAVER, WV FCI/FPC BECKLEY
23-03	Admin Note! It still remains at BARTH Patient is stable. Lab work completed yesterday - pending results.
	D. McLAIN D.O., CLINICAL DIRECTOR BEAVER, WV FCI/FPC BECKLEY S. ROSE PA-C FCI/FPC BECKLEY
24-03	ADMIN Note. Per fused report from BARTH working diagnosis of cellulitis of the face s/p ORIF of L mandible. No diagnostic procedures Consult to Dr Syner & Swine for <sup>ear</sup> swelling and jaw IV antibiotics Timentin 3.1 gtid and Zosyn 3.37 grams Date of discharge unknown
	D. McLAIN D.O., CLINICAL DIRECTOR BEAVER, WV FCI/FPC BECKLEY S. ROSE PA-C FCI/FPC BECKLEY

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)	

11/17/03	Follow up assessment
1910	O. Alert and oriented working around in cold
	Difficulty Pain rated on 7 on 1-10 scale
	Respiratory even and unlabored
	At Hx of Extradural
	P.O. Continue Present to Plan
	② Throat #5 trp, Motus and 2 enemas
	give a Rx
	③ Live continue to clean pt in situ

D. McLean D.O. CLINICAL DIRECTOR  
FCI/FPC BECKLEY  
BEAVER, WV  
S. TAYLOR, PA-C  
CERTIFIED PHYSICIAN ASSISTANT  
FCI/FPC BECKLEY

Heb 8	5. Returns from outside meal trip
7:55	Sus on broken Saw.
	O. P=91, R=14, BP=163/86, A/C, verbal
	Communication poor 2° to wiring. Perch-
	Indicates pain rates 10 on scale of 1-10
	10. No guarding of face. Able to swallow
	water through a straw
	A. Alteration in Comfort

RECORDS  
B/M/O/11-12-1972  
HT/503 WT/190 HR/BK EY/BN  
CUSTODY/IN  
MARVIN  
WILLIE  
34689-083

Federal Correctional Institution  
P.O. Box 1280  
Beaver, WV 25803



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
P:	<p>Placed in Shu handicap cell, suction set up / wife cut by cell, will move inmate to KA for closer monitoring for midnight shift (Discussed w Dr. McLain). Will recheck inmate &amp; provide pain meds this evening.</p> <p>Inmate instructed on Discharge instructions.</p> <p>K. Law RN - K. Law</p>
19 Feb 03 21:40	<p>S: Pain continues to rate 10 on scale of 1 to 10.</p> <p>O: Given Tylenol #3 <math>\frac{1}{4}</math> PO crushed. A/O face swollen, do difficulty swallowing.</p> <p>A: Alteration in Comfort.</p> <p>P: T.O. Tylenol #3 <math>\frac{1}{4}</math> PO Tid x 3 days per Dr. McLain. At 22:15 Pain rates 8 on scale of 1 to 10. K. Law RN - K. Law</p>
20 Feb 03 0030	<p>Admin note: Pain rates six on scale of 1 to 10, placed in KA for am watch.</p> <p>K. Law RN - K. Law.</p>
	<p>M. Clark Paramedic FCI/FPC Beckley</p> <p>D. McLain D.O., CLINICAL DIRECTOR FCI/FPC BECKLEY BEAVER, WV</p>



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

1/18/02 S/O Dec Injury Assessment form  
A: No physical injuries on exam  
P: H+P exam

② Pled on exam

③ Pled on exam to sit in car

④ Pled on exam

CERTIFIED PHYSICIAN ASSISTANT  
FCI/FPC RECKLEY

D. McLean, D.O.

*D. McLean*

Federal Correctional Institution  
P.O. Box 1280  
Beaver, WV 25803

M  
PATIE  
RELAT  
SPONS  
DEFA  
CHRO

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503  
WT/190  
HR/BK  
EY/BN  
34689-083

MARTIN  
WILLIE

34689-083

FHCW/91-11-12-1972

STANDARD FORM 600 BACK (REV. 11-60)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

1-13-02

Chest X-ray completed. J. Thompson (r2e)

J. THOMPSON

FCI/FPC BECKLEY

LABS DONE

Date: 11-13-02

Initials: JTB

Time: 11:45

CBS RPR UA

Signature: Hellen Shreve, Lab Tech

Hellen Shreve, Lab Tech

9/6/03

9/6/03 10:18 AM 9/10/03 2:05 PM I saw rash under arms on neck and feet Rash has been on feet for a while and the rash on neck and arm pits X one week. Both are pruritic

a) WAD 4x3

Skin - multiple macular papular pruritic lesion under bilateral axilla and on neck area Feet - white linear cracks that are pruritic on sole of feet. bilat

A) Contact Dermatitis athlete's foot

B) Reviewed chest x labs PT ED to Dr: JTB -

Skin care/hygiene; Stop scratching

STOP Care

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

34689-083

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503 WT/190  
HR/BK FY/BN  
CUSTODY/IN

AGE

BIRTH

V.S-84)

1R  
05

ATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

COAP COUNT

11/02 P) Air dry feet. PT ED to meds compliance and side effects. Encouraged routine exercise. Stop using cotton blanket. Avoid tobacco products.

\* Hydrocortisone 0.1% cream apply to affected area bid #1 tube NR - Do not put on feet.

\* Benadryl 25mg TID bid x 4D #8 NR

\* Myclex cream apply to affected area feet only bid #1 tube RFXI

*Scy Rose PA-C*

S. ROSE  
PA-C  
FCH/FPC BECKLEY

11/02 Wt 189 BP 132/71 P 83 T 98 R 16

ABDS) ILM request something for itching. ILM states it is the wool blanket breaking him out. He tore wool blanket off of bed and is now using pink blanket. Request refill on Benadryl. Also request skin tag in R groin area to be removed. Caught on clothing bleeds a lot.

D) NAD A+Ox3

Skin- macula papular rash in axillary and neck area showing improvement.

A) Contact Dermatitis 2° Wool Allergy Resolving

D) Reviewed chert labs. PT ED to Dx & Tx - Avoid allergen. Exercise routinely. Avoid tobacco products. Skin care / hygiene proper hand washing. Meds compliance and side effects. Flw via side call per STANDARD FORM 600 BACK (REV. 5-84)

\* CTM 4mg TID bid x 7D #21 NR continue all other meds

Green @ HSC

*Scy Rose PA-C*



Board Certified Oral & Maxillofacial Surgeons

AUTHORIZATION FOR SURGERY OR SPECIAL PROCEDURES

Patient: Willie Martin Date: 2/15/03 Time: \_\_\_\_\_  
I hereby request and authorize Doctor Krajekian/Pinosian and his/her associates or assistants to perform  
upon myself the following procedure: \_\_\_\_\_  
(Name of Patient)

(Name & describe in lay terms the operation & consequences)

for the treatment of my condition of fractured mandible x2 extraction  
and any other surgery deemed medically necessary  
(State condition and hoped for benefits procedure)  
It has been explained that the risks of this procedure include: pain, bleeding, swelling,  
infection

This expression of risks is intended to be a communication of the most foreseeable complications of this procedure and does not include all conceivable consequences of the procedure.

I have also been informed there are other risks such as severe loss of blood, infection, anesthesia reaction, cardiac arrest, and even death, that are attendant to the performance of surgical and special procedures.

We have also discussed alternative treatment methods and their risks including: none

(Note other treatment and risks)

We have further discussed the risks involved in not undergoing treatment, including: \_\_\_\_\_

and I have decided that I prefer to proceed with the operation.

I understand that during the course of any unforeseen conditions that may be revealed which necessitate an extension of the original procedure(s) different than authorized in the above paragraph. I therefore, authorize and request the above named physician (associates and/or assistants) to perform such additional procedures as are necessary in the exercise of their professional judgment.

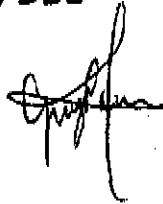
**Willie Martin**  
**04-04-03**

The patient is 30 years of age and known to my office. He is status post open reduction internal fixation body fracture of the mandible and angle fracture on the left. He came in today for the first time for follow up. He is a prisoner that I had seen and he failed to return for follow up. After multiple attempts to contact the prisoner and speaking with the warden, his medical doctor and writing letters on multiple occasions, he was finally sent back for follow up.

**CLINICAL AND X-RAY EXAM:** I saw him today and he is in good spirits. His occlusion is stable and reproducible. He has no complaints. The extraoral scar on the right side of the face has healed very nicely. His occlusion is stable and reproducible. Again, he was placed in the maxillary and mandibular fixation. The patient advised me that the week post op he removed the wires of stabilization, but his occlusion is stable at this time. He has no complaints.

**PLAN:** He will have these arch bars removed with local anesthesia. We will bring him back for the procedure and he will be scheduled for arch bar removal.

**Greg J. Panossian, DDS**  
**GJP/cat**  
**T: 041003**



*DM*  
D. McLAIN D.O., CLINICAL DIRECTOR  
FCI / FPC BECKLEY  
BEAVER, WV

*6-19-03*

**POST-OPERATIVE TREATMENT RECORD**

SURGERY DATE: 2-15-03 SURGEON: Rossian

PATIENT: Willie Martin PHONE #: \_\_\_\_\_

PROCEDURE: mandible fracture

POST-OP CALL: \_\_\_\_\_

POST-OP EVALUATION DATE: 4-4-03

ANTIBIOTIC TX ( ) CONT'D ( ) DISCONT'D ( ) COMPLETED

PATIENT COMMENTS: \_\_\_\_\_

TX: ( ) OHI ( ) SITES IRRIG ( ) SYRINGE GIVEN

( ) DRESSING REMOVED# \_\_\_\_\_ ( ) DRESSING PLACED # \_\_\_\_\_

( ) HEAT PRN ( ) ASA/NSAID PRN

DESCRIPTION OF SURGICAL SITES: \_\_\_\_\_

DOCTOR'S COMMENTS: \_\_\_\_\_

RX: \_\_\_\_\_

RTO ON: \_\_\_\_\_

ATTENDING DR: \_\_\_\_\_

BP-S622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT FORM

JUL 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISON

Patient Identification <i>34689-083</i> Name, Register Number, Institution <i>Marten, Willie</i> <b>FCI Beckley</b> <b>Beaver, WV 25813</b>	Age <i>31</i>	Sex <i>M</i>	Examination Requested <i>Skull x-ray</i> <i>9 spine 5</i> <i>soft tissue neck</i>
	Pregnant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Diabetic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Unit
	Requested by		Date Requested <i>02-14-03</i>
Special (s) for request (complaints) <i>reported fall &amp; jaw fx</i> <b>DR. REBERG, D.O. STAFF PHYSICIAN</b> <b>FCI/FPC BECKLEY</b>			
Date of Examination <i>2-14-03</i>	Date of Report	Date of Transcription	Film#

Radiologic Report

Signature	Location of Radiologic Facility
-----------	---------------------------------

Original - Medical Record; Copy - Physician; Copy - Radiology

(This form may be replicated via WP)

This form replaces BP-S622 dtd AUG 9



Printed on Recycled Paper



TO: MOUNTAIN STATE CRITICAL CARE FROM: (Requesting physician or facility) N. REHBERG, D.O. DATE OR REQUEST 02-14-03  
 REASON FOR REQUEST (Complaints and findings) injury STAFF PHYSICIAN  
 FCI/FPC BECKLEY, WV

Allergies: ØMedications: Ø

Patient History to include present and past procedures: Fx jaw in 3 places, CT & X-ray included please review & make recommendation & repair

## PROVISIONAL DIAGNOSIS

Fx jaw (mandible)

DOCTOR'S SIGNATURE <u>[Signature]</u>	N. REHBERG, D.O. STAFF PHYSICIAN FCI/FPC BECKLEY, WV	APPROVED	PLACE OF CONSULTATION <u>FCI</u> FPC	<u>Routine</u> <u>Today</u> <u>72 Hours</u> <u>Emergency</u>
--	--	----------	---	---

CONSULTATION REPORT

RECORD REVIEWED YES NOPATIENT EXAMINED YES NO

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

Name Martin Willie  
 Number 34089-083  
 DOB 11/12/72

FCI/FPC Beckley

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)

4- 2-03;10:35AM;ST FRANCIS HOSPITAL

13043476274

## SAINT FRANCIS HOSPITAL

Patient Name: MARTIN, WILLIE

MR Number: H000275452

Room Number: H.317

Patient Location: H3E

Admit Date: 02/18/03

Discharge Date: 02/19/03

## IDENTIFICATION:

WILLIE MARTIN

Date Of Procedure:

02/18/03

## Preoperative Diagnosis:

- \* Right body fracture of the mandible
- \* Left angle fracture of the mandible

## Postoperative Diagnosis:

The same

Surgeon:

Greg Panossian

Assistant:

Jack Krajekian

## Anesthesia:

General anesthesia via nasotracheal intubation

## Procedure:

- \* Open reduction, internal fixation of right body fracture of the mandible via extraoral approach
- \* Open reduction, internal fixation of the left angle fracture via intraoral approach
- \* Extraction of impacted tooth #17 in the line of fracture
- \* Maxillomandibular fixation

## Indications:

The patient is a 30-year-old male prisoner, status post fall from bunk bed with resultant displaced fracture of the body and the angle of the mandibles. He presented to our office for evaluation and the decision was made to treat the patient at Saint Francis Hospital.

## Description Of Procedure:

The patient was taken to the operating room and after being placed under general anesthesia, the endotracheal tube was then secured and the patient's head was wrapped. The patient was then prepped and draped in the usual oral surgical fashion. Attention was given in the oral cavity. The oral cavity was then suctioned and then prepped with Peridex rinse. A pharyngeal packing was then placed and at this time, local anesthesia was infiltrated in the upper right, upper left, lower right, lower left mucobuccal folds and then an Erich arch bar was placed to the maxilla from approximately tooth #3 to tooth #14 passing a 24-gauge wire around each tooth and securing it to the bar. The wire placed inferior to the bar on the distal of the teeth and superior to the bar on the mesial of the teeth. The long ends of the wires were then clipped and the wire was twisted under the bar to avoid damage to the adjacent mucosa.

## OPERATIVE REPORT

D. McLAIN D.O., CLINICAL DIRECTOR  
 FBI/PPC BECKLEY  
 BEAVER, WV

W. Virginia NW - Patient Care Inquiry (PCI: OE Database COCFN)

Run: 04/02/03-10:32 by Johnson, Christopher

Page 1 of 1

re: MARTIN, WILLIE  
MR#: H000275452

Similarly, a lower mandibular arch bar was then placed from tooth #30 to tooth #19. The Erich arch bar was then secured to the lower ridge by securing a 24-gauge wire to each tooth, passing the wires inferior to the bar on the distal of each tooth and superior to the bar on the mesial of each tooth. The long ends of the wires were then twisted and clipped and the wires were twisted underneath the Erich arch bar to avoid damage to the adjacent tissues. After the Erich arch bars were stable on both the maxilla and the mandible, the patient was then placed into centric occlusion and wired closed with three intermaxillary 24-gauge wires attached to the upper and the lower Erich arch bars. These wires were then twisted and clipped and tucked underneath the Erich arch bar to avoid damage to the adjacent tissues.

At this time, it was our intention to approach the right body fracture of the mandible via an extraoral approach. The patient's neck was prepped and draped again. We initially marked an incision in the neck with a marking pen approximately 2 cm below the inferior border of the mandible and approximately 5 cm in length for our approach to the body fracture of the mandible. After marking out the incision, local anesthetic was injected subcutaneously using 1% lidocaine with 1:100,000 epinephrine. We allowed approximately 5 minutes for hemostasis. Then a skin incision was made with a 15 blade. After incising through the skin and subcutaneous tissue, we bluntly dissected to undermine incisions. We then proceeded with blunt dissection down through the platysmal muscle. After bluntly dissecting through the platysmal muscle, nerve stimulation was then used to identify any branches of the marginal mandibular nerve which none were encountered. As we approached the anterior belly of the digastric, we then proceeded superiorly towards the inferior border of the mandible, bluntly dissecting down to the periosteal layer covering the inferior border. We then proceeded to make an incision down onto the bone of the mandible through the periosteum exposing the fracture at the inferior border of the mandible. Once the fracture was exposed, it was noted to be displaced. We then continued to expose the fracture site to gain enough exposure to place a 2.4 mm bone plate from the Synthes plating system, 5-holes in length. At this time, we packed the wound with a gauze and then we proceeded to expose the left angle fracture of the mandible via an intraoral approach.

The intermaxillary fixation wires were then released and removed. A bite block was placed on the right side of the patient's jaw. With a Bovie, we made an incision along the ascending ramus down to the periosteum and a full-thickness mucoperiosteal flap was then elevated. We noted a displaced fracture at the left angle of the mandible and tooth #17 was in the line of fracture. At this time, tooth #17 was elevated and extracted with an elevator and enough exposure was made for us to place a 5-hole, 2.0 mm Synthes plate. When that was achieved, the patient was then again replaced in maxillomandibular fixation using 24-gauge wires that was adapted to the maxillary arch and mandibular arch and the patient was in centric occlusion. Good occlusion was noted at this time.

Again, attention was given to the extraoral wound where it was irrigated and the bone plate was adapted and bent to be passive on the mandible. The screws were bicortical. They were placed through the buccal and lingual

#### OPERATIVE REPORT

D. McLain D.O., CLINICAL DIRECTOR  
PCI/FPC BECKLEY  
BEAVER, WV

W. Virginia NW - Patient Care Inquiry (PCI: OE Database COCFN)

Run: 04/02/03-10:32 by Johnson, Christopher

Page 2 of 2

4- 2-03:10:36AM:ST FRANCIS HOSPITAL

:3043476274

re: MARTIN, WILLIE  
MR#: H000275452

cortices of the mandible. A total of four screws were then placed in the 2.4 Synthes bone plate at the body area of the mandible. The length of the screws were 12 mm in length. The area was irrigated thoroughly and closure was obtained. The periosteum was reapproximated with 3-0 chromic sutures. The muscles were reapproximated also with 3-0 chromic sutures at the correct layers. Then, skin layers were closed utilizing 5-0 nylon sutures. The extraoral wound was then covered and attention was given to the intraoral wound.

The reduction was noted to be in place. The plate was then adapted and a trocar was utilized to place 6 mm length screws into the bone plate utilizing irrigation at all times and the screw was adapted passively. The plate was adapted passively and nice reduction was noted. At this time, the area was irrigated. Primary closure was obtained intraorally with 3-0 Dexon. The patient's oral cavity was then irrigated thoroughly and then suctioned. The pharyngeal packing was then removed. The patient was then placed in intermaxillary fixation utilizing fish wires. The patient was awakened from the anesthetic without any complications. The estimated blood loss was 75 cc, fluids were lactated Ringer's. Condition of the patient was stable. No complications were encountered. The implants placed were the 2.4 mm, 5-hole Synthes bone plate at the right body area and a 2.0 mm, 5-hole Synthes plate at the left angle area. No drains were placed. The patient was transferred to the recovery room without any complication.

Job #: 296303

*DM*  
D. McLAIN D.O. CLINICAL DIRECTOR  
PCI/MPC/BECKLEY  
BEAVER

6-19-03

Panossian, Greg J

D: 02/22/03 1201 / PANGR  
T: 02/25/03 0205 / VEH  
Manually Signed by Greg J Panossian

#### OPERATIVE REPORT

W. Virginia NW - Patient Care Inquiry (PCI: OE Database COCFN)

Run: 04/02/03-10:32 by Johnson, Christopher

Page 3 of

Willie Martin  
04-04-03

34689-083

The patient is 30 years of age and known to my office. He is status post open reduction internal fixation body fracture of the mandible and angle fracture on the left. He came in today for the first time for follow up. He is a prisoner that I had seen and he failed to return for follow up. After multiple attempts to contact the prisoner and speaking with the warden, his medical doctor and writing letters on multiple occasions, he was finally sent back for follow up.

**CLINICAL AND X-RAY EXAM:** I saw him today and he is in good spirits. His occlusion is stable and reproducible. He has no complaints. The extraoral scar on the right side of the face has healed very nicely. His occlusion is stable and reproducible. Again, he was placed in the maxillary and mandibular fixation. The patient advised me that the week post op he removed the wires of stabilization, but his occlusion is stable at this time. He has no complaints.

**PLAN:** He will have these arch bars removed with local anesthesia. We will bring him back for the procedure and he will be scheduled for arch bar removal.

Greg J. Panossian, DDS  
GJP/cat  
T: 041003



Received  
FPC/FCI Detention

125/1603

RECEIVED, D.O.  
CL. 12/20/03  
FBI - NEW YORK

513-110

NSN 7540-00-634-4

## MEDICAL RECORD

## CONSULTATION SHEET

## REQUEST

TO: *Mr. States oral surgeon*  
*Dr. Panossian*

FROM: (Requesting physician or activity)

*J. Haley D.D.S.*

DATE OF REQUEST

*5-28-03*

REASON FOR REQUEST (Complaints and findings)

*Removal of both Bcs.*  
*3140 B male.**Alarney**As on the maxilla.**S/P ORIF maxilla*

PROVISIONAL DIAGNOSIS

*S/P open reduction maxilla fracture*

DOCTOR'S SIGNATURE

*J. Haley, D.D.S., MPH*  
*DENTAL OFFICER*  
*FORPC BECKLEY*

APPROVED

PLACE OF CONSULTATION

☐ ROUTINE☐ TODAY☐ BEDSIDE☐ ON CALL☐ 72 HOURS☐ EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

*Mr. Martin Wille. 34689-083.**DOB: 12 NOV, 1972**FLI Beckley.*

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.2

☆ U.S. GOVERNMENT PRINTING OFFICE 1995-38

STANDARD FORM 600 (REV. 5-81)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505



NSN 7540-00-634-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)		
3/7/03	Admin note: Dental (M. Hughes) seen 7/1m.		
0835	Request Soft Diet be given to 2/1m for meat 300g. - motrin to be given & crushed on Pill line		
	Motrin 800 mg - Please crush one & give to 2/1m BID on pill line x #14. <del>Pharm</del> 6		
	To be given <u>in food</u> .		
	Pt educated on soft diet & med - Take <u>in food</u> , bleeding, ulcers, GI discomfort.		
	M. Clark PharmD FCI/FC Beckley		
	J. Adkins, CFM		
3/10/03	T 99	P 92	R 16 B/P 132/80
0850	S: Pt seen in SHU as follow up Ex mandible wiring (Pt removed some of the wire fixation) State "the Motrin isn't strong enough" states he eating soft food is difficult. NKDA.		
Pain 3 out of 10 on Pain Scale 1-10	O: Awake and alert NAD Ambulates & difficult ataxia, Respirations even and unlabored. No central cyanosis Able to open mouth a little due to pt had removed some of the fixation wires		

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

RECORDS MAINTAINED AT		(continued)	
PATIENT'S NAME (Last, First, Middle Initial) Martin, Willie		CERTIFIED PHYSICIAN ASSISTANT FCI/FC BECKLEY	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART/SERVICE	SSN/IDENTIFICATION NO. 346 89-083	DATE OF BIRTH 11/12/72	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)

Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505



DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

1/10/03 A. (continued) 1) S/P ORIF mandibular Fr &amp; luxing

P.O. Case discussed Dental Dr. Hays and he will be seen by Dental services again this week

0850 follow up but no change in motion sides at this time per Dental services

2) Ptd on to plan and follow up to Dental services

3) Will continue to follow Pt in S.Hu

S. TAYLOR, D.D.S.  
CERTIFIED PHYSICIAN ASSISTANT  
FCI/FPC BECKLEY

2/01/03 Administrative Note

Pt Agrees to see Dental for Fr mandibular ORIF follow up. Referred to Dental services

S. TAYLOR, D.D.S.  
CERTIFIED PHYSICIAN ASSISTANT  
FCI/FPC BECKLEY

12/4/03 Administrative Note

Pt made week call today, agreeing to see Dental about his mouth - Href ORIF of Fr mandibular. Referred to Dental services

S. TAYLOR, D.D.S.  
CERTIFIED PHYSICIAN ASSISTANT  
FCI/FPC BECKLEY



SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

NSN 7540-00-634-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each e		
4/18/03 0830	<p>S) Pt c/o itching between toes of @ foot + bottom of @ foot  Dermis pain, itching, fever, chills, injury or trauma to arm  O) 3 Atoms in NAD. 61P 135/72 Ht-60 A.W-16 of 97 L.  Foot - (H) scaling + hypopigmentation mild between toes of @ foot  + bottom of @ foot. Reddened &amp; itching  A) Tinea Pedis @ foot  P) Tolnaftate 1% cream - Apply to affected area 1/8" D x 30 Days  Educated on Hygiene, wash - local irritants, burning + reactions  + Tinea Rdx.  Flu on S/C if no better in 3-4 days 4/11/03 2-3 weeks,  sooner if worn  M. Clark PharmD  FCI/FPC Beckley  J. BLANKENSHIP  NP  FCI/FPC BECKLEY</p>		
	<p>PHARMACY MEDICATION COUNSELING  BRIEF-INTERMEDIATE-EXTENSIVE  UNDERSTANDING REFERRAL <input checked="" type="checkbox"/>  PRINTED INFORMATION GIVEN <input checked="" type="checkbox"/>  COMMENTS:</p>		
4/11/03 0835	<p>WT-191 T-92.8 P-104 R-16 BP-145/79  S: c/o Swollen &amp; 1 week -  S/C for Jaw repair x 3 months -  Painful &amp; Prolapsed</p>		

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

RECORDS MAINTAINED AT			
PATIENT'S NAME (Last, First, Middle Initial) William Martin			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GR	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO. 34689-053	DATE OF	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (R)  
Prescribed by GSA and ICH  
FORM 600 (R) 10/1/01

Oct 1973 135910 p 85 I 989 R 12

S. Mould like advice of measurements for  
your arm. Sustained by 2 minutes day  
and night. Continued to wear - return from  
- 3 on scale 1-10

O - No facial asymmetry  
Nostrils closed

Pointy to an area where breast  
arely pressure to arm  
At 100 years 1-10

134/131

ark  
md  
PC Beckley

PHARMACY MEDICATION COUNSELING  
BRIEF-INTERMEDIATE-EXTENSIVE  
UNDERSTANDING REFERRAL FIRM 60  
PRINTED INFORMATION GIVEN N  
COMMENTS:

FC/PPC BECKLEY

2  
J. KOBAYASHI

and potential for cell fusion. (See Appendix)

⑤ 1/2 Ed Re: Antislavery to Liberty

⑦ Short List

(3)  $\frac{1}{\sqrt{2}}$   $\frac{1}{\sqrt{2}}$

[illegible]

P: ① *Almond* 15x 11 1/2 Po Tio #6

11: 1st part - 3/4 part -

Linear Month — (+) Normal

④ with 2000

(4) Tender @ Monthly Price

④ Brassica Insect

④ open mouth 80

Law -  $\oplus \oplus \oplus \oplus \oplus$  ~~100~~  $\rightarrow$  Money 5.000

55110

**SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)**

NSN 7540-00-634-4176

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)	
6/23/03	OUTSIDE HOSPITAL TRIP RETURN	
TIME	SUBJECTIVE: (List any inmate complaints)	
1230	Return from town trip, had wiring removed from mouth	
	OBJECTIVE: (Perform physical examination relevant to study/surgery performed)	
	In MD	
	Throat / mouth - 5 bleeding sites.	
	Able to open mouth completely	
	PAIN:	
	<div style="display: flex; justify-content: space-around;"> <span>0</span> <span>2</span> <span>4</span> <span>6</span> <span>8</span> <span>10</span> </div>	
	<div style="display: flex; justify-content: space-around;"> <span>Hurts</span> <span>Hurts</span> <span>Hurts</span> <span>Hurts</span> <span>Hurts</span> </div>	
	<div style="display: flex; justify-content: space-around;"> <span>Little Bit</span> <span>Little More</span> <span>Even More</span> <span>Whole Lot</span> <span>Worse</span> </div>	
	ASSESSMENT: (List medical/surgical procedure performed)	
	Removal of wiring s/p jaw fx.	
	PLAN: (List all outside physician orders/follow-ups required. Document Patient Education.)	
	① Use mouthwash as directed ② Follow up immediately ③ Naproxen 500 mg #20 i 80 BID x 10 days.	

K. KAISER PA-C  
FCI/FC BECKLEY

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

RECORDS MAINTAINED		▶	
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
MARTIN, WILLIE			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	341689-083		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and JCMR  
FIRM (41 CFR) 201-45.505

APPALACHIAN REGIONAL  
HOSPITALS  
PHYSICIAN'S ORDERS

HOSPITAL REGULATION:

PHYSICIAN'S SIGNATURE MUST ACCOMPANY EACH ORDER.

NURSING PERSONNEL INITIAL EACH PROCEDURE AS INSTITUTED OR DISCONTINUED.

UNIT AND/OR SERVICE

HISTORY  
UNIT NO.

PATIENT'S  
NAME

AK 000250949 150008  
A0305100046 1  
MARTIN, WILLIE J.  
PO BOX 1280  
BEAVER, WV 25813  
BP 134-6E-9083 11/12/72 H

213

ATTENDING PHYSICIAN

PERMISSION IS GRANTED TO DISPENSE THE GENERIC EQUIVALENT FOR DRUGS UNLESS ONE-TIME-USE FORM IS COMPLETED

DATE ORDERED DOCTOR, START NEW SECTION FOR EACH SET OF ORDERS.

THERAPEUTIC SUBSTITUTION

DR. *[Signature]*  
THE PHARMACY DEPARTMENT HAS SUBSTITUTED  
*Ecosyn 3.375 016* FOR THE  
*Timebitin 3.19 016* WHICH YOU  
ORDERED. THIS THERAPEUTIC SUBSTITUTION IS BY  
AUTHORITY OF THE PHARMACY & THERAPEUTICS  
COMMITTEE. *[Signature]*

MM07FP0123

PHARMACIST

*mc  
Muster  
2-22-03  
1730*

24° 2/23/03 LHarris RN

*2/17/03*  
*iv Timebitin 3.19 016*  
*or Ecosyn 3.37 016*

*noted  
Muster  
2-23-03  
1730*

*(Ansel D. Wyne) For Jaw Sudd*

FAX 2/23/03 @ 2:10 PM

*iv Dexamethasone 8mg x 1*

*CBc in Am*

*Thankg*

*noted 2/23/03 2210*

*Plavon RN*

24° 2/24/03 *[Signature]* RN



APPALACHIAN REGIONAL  
HOSPITALS  
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HISTORY  
UNIT NO.

PATIENT'S  
NAME

AK 000250949

150008

A0305100046

MARTIN, WILLIE J.

PO BOX 1280

BEAVER, WV 25813

RP 034-62-9083 11/12/72 M

UNIT AND/OR SERVICE

ATTENDING PHYSICIAN

PERMISSION IS GRANTED TO DISPENSE THE GENERIC EQUIVALENT FOR DRUGS UNLESS ONE-TIME-USE FORM IS COMPLETED

DATE ORDERED HOUR

DOCTOR, START NEW SECTION FOR EACH SET OF ORDERS.

DOCTOR S Hasan

DATE 2/21/03 1630

Recommend Advanced diet

to Full Liquid

& Mighty Shakes

IID.

PLEASE READ NUTRITION NOTE.

Thank You, Doctor

1/28/03

2/21/03

Change 1/1 to Dr. Labiao Soc. M.

Full liquid diet & mighty shakes

Dr. Decadron 2mg

CPX

BRAP

ATA

Decadron 1/1 Aug 9/12 & then 1/100 step

2/21/03 noted PMorgan

C2025

240 Chat 1/ 2/22/03 S. Cook RN

W/ 1/1 x limentin 3.1 gram @ 6 hr

W/ 1/1 x B.C. BMP in Am X 3/24

W/ 1/1 x Blot culture

W/ 1/1 x GT Facial base

Sched today  
(Stanley) X 2/22/03

FAX 2/22/03  
1520PM  
W





APPALACHIAN REGIONAL HEALTHCARE

## PROGRESS NOTES

HISTORY  
UNIT NO.PATIENT'S  
NAME
 AM 000250949 150008  
 A0305100046 1  
 MARTIN, WILLIE J.  
 PO BOX 1280  
 BEAVER, WV 25813  
 RP 034-68-9083 11/12/72 M

UNIT AND/OR SERVICE

ATTENDING PHYSICIAN

2/24/03 @2045 (S) "I'm OK" (O) Sitting ↑ in bed. Watching TV. O/S pain, HOB ↑. SR ↑ x2. Call bell in reach. 2 guards at side. (A) A, O x3. Denies p dyspnea, dysphagia. Resp even, nonlabored. Lungs clear. Slight edema bilat jaws. Steri strips R neck intact. O/S distress. (P) Continue so

0945 Leigh Flannery  
 2-25-03 (S) Pt. lying & towel over face.  
 (O) ↑ increase in facial swelling noted.  
 Request increase in diet consistency.  
 (A) Pt ordered diet of blended thickness.  
 (P) Will monitor pt's tolerance of new  
 diet ————— Target RN

2.25.03

ultrasound

whicup

COP v 9% Pseudo

Dietary

Gua. diet

APPALACHIAN REGIONAL  
HOSPITALS  
PHYSICIAN'S ORDERS

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NURSING PERSONNEL INITIAL EACH PROCEDURE AS INSTITUTED OR DISCONTINUED.

HISTORY  
UNIT NO.

PATIENT'S  
NAME

AH 00050949

A0305100046

MARTIN, WILLIE J.

P. 12

BEAVER, 25-13

RP 30-6 11/12/72

15000A

1

UNIT AND/OR SERVICE

ICU-4

ATTENDING PHYSICIAN

PERMISSION IS GRANTED TO DISPENSE THE GENERIC EQUIVALENT FOR DRUGS UNLESS ONE-TIME USE FORM IS COMPLETED

DATE ORDERED HOUR

DOCTOR, START NEW SECTION FOR EACH SET OF ORDERS.

9-30-03

Admitt

Cellulitis face

5' 3" HT. 160# WT. 60# WT. # Rt. JC

CBE #1

NKA

OMP #1

Pharmals

Proctos #3

Dray face #4

Placec better #2

Clindamycin 1/2 900mg q 6hr stat

Doxycycline 1/2 100mg BID + Aug 250mg

Sidney 1000 Insulin R 2 q 6hr

450 - 400 - 10

150 - 200 - 300

200 - 250 - 60

250 - 300 - 90

300 - 350 - 120

350 - 400 - 150

>400 - 180

150 1/2 N. Saline 1/2 500mg

Vancomycin 1/2 1G BID

2/20/03  
Noted  
R. H. H.

Be

APPALACHIAN REGIONAL  
HOSPITALS  
PHYSICIAN'S ORDERS

HOSPITAL REGULATION:

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NURSING PERSONNEL INITIAL EACH PROCEDURE AS INSTITUTED OR DISCONTINUED.

HISTORY  
UNIT NO.

PATIENT'S  
NAME

AH 00050949

15000

A0305100046

MARTIN, WILLIE J.

PO BOX 12

BEAVER, WV 25813

RP 34-6

11/12/77

213

UNIT AND/OR SERVICE

ATTENDING PHYSICIAN

PERMISSION IS GRANTED TO DISPENSE THE GENERIC EQUIVALENT FOR DRUGS UNLESS ONE-TIME-USE FORM IS COMPLETED

DATE ORDERED HOUR

DOCTOR, START NEW SECTION FOR EACH SET OF ORDERS.

2/20/03

1340

Noted  
2/20/03  
1405  
RR  
TO Dr. S. Hassan / R. Raley

2/20/03

1915

Noted 2/20/03

1920

RR

Loratab Elivir 7.5mg Q8hrs prn  
for pain

TO Dr. S. Hassan / Rebecca Raley

2/20/03

2500 T. Humulin

2/21/03

Transfer Floor (#213)

0635

Clear liquids

FAX 2/21/03

0940AM

2x Clindamycin 900mg IV q6<sup>h</sup>

1x Decadron 8mg IV q6<sup>h</sup>

1x Loratab 7.5mg Elivir q8<sup>h</sup> PRN

1x D5 1/2 NSS 50cc/hr

BS q6 E SS Humulin R

150-200 3 units 351-400 15 units

201-250 6 units >400 18 units

251-300 9 units

301-350 12 units

Noted  
2/21/03  
61  
T/O Dr. S. Hassan / T. Humulin

2/23/03 @ 2040 (S) "my jaws are sore" (O) Sitting in bed. Watching TV. 2 guards @ Side. SR  $\uparrow \times 2$ . Cali bell in reach (A) A, 0  $\times 3$ . Skin pink, w/d. Slight edema bilateral jaws. ~~1/2~~ <sup>error in</sup> Steri strips R neck 40 li. Denies dyspnea, dysphagia. Resp even, nonlabored. Lungs clear.  $\emptyset$  S/s distress. (P) monitor pain,  $\uparrow$  edema, 140, labs, VS, dysphagia. Encourage PO fluids. (I) Lortab 7.5 mg / 15cc given ————

2/23/03 @ 2130 (E) States Lortab helped ————

2-24-03  
nursing 1100 (S) R. states he has difficulty evaluating pain R/T numbness in his lower face.

(C) Alert & oriented  $\times 3$ . Wire cutters available.

(A) Medicated  $\bar{q}$  liquid PO pain med. ————

(P) Will monitor pain level & PO intake ————

Report RN

2-24-03. States he is not very comfortable  
has constant hiccup — has  
diarrhea constantly as liquid  
did not want 1/2 pc bar  
solid food

his face not swollen

his eye close

cool

oral Tender epiglottis

liver spleen

Speed door

withered abt.

$\frac{1}{2}$  1/2

oral medication

Ref.

APPALACHIAN REGION  
HOSPITALS  
PHYSICIAN'S ORDERS

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NURSING PERSONNEL INITIAL EACH PROCEDURE AS INSTITUTED OR DISCONTINUED.

UNIT AND/OR SERVICE

HISTORY  
UNIT NO.

PATIENT'S  
NAME

213

ATTENDING PHYSICIAN

AK 000250949

A3305100046

MARTIN, WILLIE J.

PO BOX 1280

LEAVERTON, WV 25813

HP 334-66-9083 11/12/72

PERMISSION IS GRANTED TO DISPENSE THE GENERIC EQUIVALENT FOR DRUGS UNLESS ONE-TIME-USE FORM IS COMPLETED

DATE ORDERED DOCTOR, START NEW SECTION FOR EACH SET OF ORDERS.

FAX 2/23/03 @ 2300PM - LW

2/23/03 <sup>WV</sup> ↑ Loratab 7.5mg/15cc to q4° PRN Po

2300 <sup>WV</sup> Tylenol Elixir 650mg q4° PRN Po

<sup>WV</sup> Maalox 30cc Po q4° PRN

<sup>WV</sup> Motrin 30cc Po q4° PRN

T.O. Dr. Jafari / <sup>LH</sup> Harrison RN

noted  
2-23-03  
2315  
L Harrison

24° 2/24/03 <sup>LH</sup> Harrison RN

2/24/03 <sup>WV</sup> May have Vaseline to lips PRN

<sup>WV</sup> Dr. Jafari / <sup>LH</sup> Harrison RN

noted  
@ 1050  
2/24/03  
L Harrison

2/24/03 <sup>WV</sup> 1/2 to 50cc <sup>LH</sup> Harrison RN

FAX 2/24/03 @ 2000

LW

<sup>WV</sup> Dr. Jafari. Chate 105cc <sup>LH</sup> Harrison RN

<sup>WV</sup> Dr. Jafari. Blooded Food Throat & Gums

<sup>WV</sup> Dr. Jafari. Chudampren

<sup>WV</sup> Dr. Jafari. De. Deodrou

<sup>WV</sup> Dr. Jafari. Chudampren liquid 300mg <sup>LH</sup> Harrison RN

<sup>WV</sup> Dr. Jafari. Universal Abdomen <sup>LH</sup> Harrison RN

<sup>WV</sup> Dr. Jafari. CPR

<sup>WV</sup> Dr. Jafari. Road ( <sup>LH</sup> Harrison RN)

Notified  
Jim in  
Tues. AM  
2/25/03  
LH

noted  
2-24-03  
2135 <sup>LH</sup> Harrison RN

2/25/03 <sup>LH</sup> Harrison RN

APPALACHIAN REGIONAL  
HOSPITALS  
PHYSICIAN'S ORDERS

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NURSING PERSONNEL INITIAL EACH PROCEDURE AS INSTITUTED OR DISCONTINUED.

UNIT AND/OR SERVICE

HISTORY  
UNIT NO.

PATIENT'S  
NAME

AK 000250949

A0305100046

MARTIN, WILLIE J.

PO BOX 1280

BEAVER, WV 25813

RP 034468-9083 11/12/77

ATTENDING PHYSICIAN

#213

PERMISSION IS GRANTED TO DISPENSE THE GENERIC EQUIVALENT FOR DRUGS UNLESS ONE-TIME-USE FORM IS COMPLETED

DATE ORDERED HOUR

DOCTOR, START NEW SECTION FOR EACH SET OF ORDERS.

8-8-93

Dr. C. J. G.

*[Handwritten signature]*

Dr. C. J. G. today  
copy of docu-

Sum. to eye to pt.  
*[Handwritten signature]*

AH 000250949

A0305100046

MARTIN, WILLIE J.

PO BOX 1280

BEAVER, WV 25813

## EDUCATION RECORD

TOPICS	RTL	DATE	METHOD	EOL	RP-03 SIGNATURE/TITLE/12
Orient to Room	1	2/20/03	V.D	A	Rebecca Raley / R
Plan of Care	1	2/20/03	V	A	Rebecca Raley / R
Explanation of disease/conditions					
Safe and effective use of medications					
Potential food/drug interactions					
Diet management/assistance with meds, meal preparation, eating					
Activities (lifestyle changes)					
Personal hygiene					
Ability to cope with health status					
Prevention/management of complications					
Safe/effective use equip, supplies, devices/ambulation					
Rehabilitation techniques					
Community resources					
How and when to obtain further treatment					
Responsibility of patients in their care/dressings/drains, feeding tube, etc.					
Financial information provided					
D/C instructions of continuing care needs					
Patient Safety	1	2/20/03	V		Rebecca Raley / R
Nutrition Education					

## Readiness to learn (RTL)

- 1 -- No barriers
- 2 -- Fatigue/pain
- 3 -- Communication barriers
- 4 -- Cognitive/sensory impairment
- 5 -- Unreceptive
- 6 -- Other

## Method of teaching

- V -- Verbal instruction
- W -- Written instruction
- AV -- Audiovisual
- H -- Handout
- D -- Demonstration
- RP -- Role play
- G -- Group discussion/class

## Evaluation of learning (EOL)

- A -- Patient/family able to verbalize understanding
- B -- Patient/family able to return demonstration
- C -- Patient needs reinforcement/practice
- D -- Family involvement necessary
- E -- Unable to learn
- F -- Group questions addressed

\* See group progress note for additional information



APPALACHIAN REGIONAL HEALTHCARE

## REQUEST FOR CONSULTATION

History Unit No.	
Patient's Name	000250949 A0305100046 MARTIN, WILLIE J. P. 1250 BEA. 12. 25813 PO. 11/12/72 M

To: Iur fern Date of Request: \_\_\_\_\_ Time: \_\_\_\_\_

Notified: \_\_\_\_\_ Date &amp; Time: \_\_\_\_\_

- ☒ Consult with recommendation only  
☐ Consult with management & follow up  
☐ Consult for transfer of services

Regarding: \_\_\_\_\_

STAT \_\_\_\_\_ Today \_\_\_\_\_ Next day \_\_\_\_\_

Date: 2/20/03 Time: 1800 Consultation Report: \_\_\_\_\_

Oral and maxillofacial Surgery Dr. Panossian.  
 30 y/o ♂ S/P ORIF (L) Angle fx, (R) body fx  
 of mandible. pt seen sitting in Bed taking  
 adequate PO Intake in No Distress.

VS: BP 148/82 P. 90 RR 19. T<sub>max</sub> 98.0

HEENT - moderate Postoperative swelling noted > on (L)  
 maxillo-mandibular Fixation stable, hemostatic  
 No Dr. wound C/D/I  
 clinical Picture not consistent w/ cellulitis  
 but rather a post op edema.

EI (L) / PERILIA.

Ref: S.S. & minor  
 Lungs: CTA / Good to R/L  
 Abd: NT/ND. ⊕ BS.

ext: FRO 12 x 4, & calf tenderness.  
 Labs: 13.2 15.7 265  
45.6

A/P - S/P ORIF (L) body fx (L) Angle of mandible.  
 clinical presentation consistent w/ normal postoper  
 swelling, and not cellulitis pt Afebrile,  
 recommend - Antibiotics and Discharge of PT in A  
 to Routine PO Antibiotics x 1wk Flu & my off  
 Tuesday

Signature \_\_\_\_\_





APPALACHIAN REGIONAL HEALTHCARE

## REQUEST FOR CONSULTATION

History Unit No.	AM 000250949 1500 A0305100046 1
Patient's Name	MARTIN, WILLIE J. PO BOX 1280 BEAVER, WV 25813 RP 034-68-9083 11/12/72
213	
Dr. Jafary	

To: Dr. Syner / ~~XXXXXX~~

Date of Request: 2/23/03

Time: 2:10

Notified: 2/23 Dr. Syner Date &amp; Time: @2:05 PM

Regarding: jaw swelling.

- ☐ Consult with recommendation only  
☐ Consult with management & follow up  
☐ Consult for transfer of services

STAT \_\_\_\_\_ Today \_\_\_\_\_ Next day \_\_\_\_\_

Date:

Time:

Consultation Report:

2/24/03 30 yr A-A male adm. H. P. Dr. Jafary  
 OK - 4x op (on cholest) & 4x visits 4  
 weekly for surgery ask to write.

MMH - See BMH on H&amp;PE.

Exam - minor jaw surgery present. Pt. able to  
 swallow greatly. weight gain month.  
 not done yet. Position low tip & chin

Weg - - See my report - (Grand alignment & 1/2 of  
 mid)

injury - post-fall good (chewing normal)  
 - post-fall difficult

surgery - 1) continue present activity therapy  
 2) on discharge - continue post op  
 3) Have pt keep post op report & physician in  
 Charlotte  
 4) Will follow back here.

Signature

Dr. Jafary



APPALACHIAN REGIONAL HEALTHCARE

AH 000250949

150008

A0305100046

MARTIN, WILLIE J.

PO BOX 1280

BEAVER, WV 25813

RP 034-64-4053 11/12/72

## PATIENT KARDEX

(ADDRESSOGRAPH)

SAFETY		ISOLATION		EYESIGHT	
Fall Risk Plan _____ Posey Rest _____		Type _____		Good _____ Poor _____	
Bed Rails _____ Wrist Rest _____		Seclusion _____		Contact Lens: Rt. ( ) Lt. ( )	
Confused: Mild _____ Severe _____				Glasses _____	
ACTIVITY		TUBES & DRAINS		Blind: Total _____ Rt. ( )	
Bed Rest _____ Amb. _____		Hemovac _____		Cataracts: Rt. ( ) Lt. ( )	
Bed Side Commode _____		N.G. Tube _____		HEARING	
Dangle _____ Chair _____		T. Tube _____		Good _____ Poor _____	
Assist. _____ Ad. Lib. _____		Gastrostomy _____		Hearing Aid: Rt. ( ) Lt. ( )	
Exercises _____		Wound Care: Simple _____		Deaf _____	
		Complex _____		Partial: Rt. ( ) Lt. ( )	
HYGIENE		VITAL SIGNS		SPEECH	
Self _____ Partial _____		Weight _____ Telemetry _____		Satisfactory _____ Slow _____	
Complete _____		Routine _____		Mute _____ Aphasic _____	
Tub _____ Shower _____		Q. Shift _____		Problems _____	
Special Needs: _____		Q 4 Hr. _____		PROSTHESIS	
_____		Other _____		Dentures: Upper ( ) Lower ( )	
_____		Pulse: A _____ R _____		Limb _____	
_____		B.P. Rt. ( ) Lt. ( )		Eye _____ Rt. ( ) Lt. ( )	
_____		Stand _____ Sit _____		Other _____	
_____		Temp. _____ Routine _____		PARALYSIS	
_____		Spec. Instruction _____		Partial _____	
NUTRITION		I.V. THERAPY		Complete _____ Rt. ( ) Lt. ( )	
Diet <u>2121 CL FL 2 months</u>		2121 D5 1/2 N 350 50cc		Arm _____ Leg _____	
Hs Feeding <u>2124 gns blended food</u>		NS @ 50 cc/hr		Fa _____	
I & O: Simple _____ Complex _____				ELIMINATION	
Force Fluids _____				Incontinent _____ B.M. _____ Ur _____	
Restrict Fl. _____				Voiding _____	
Feed _____ Assist _____				Foley Cath _____ Date _____	
Snack _____				Strain Urine _____	
Feeding Tube _____				Bladder Irrig. _____	
Type _____				Colostomy _____	
Feedings _____				Ileostomy _____	
DIABETIC ROUTINES		POSITIONING		Enema _____	
Urine _____		Flat _____		Catheter Care _____	
Blood Glucose <u>V 2121 BS Q6hrs.</u>		Semi Fowlers _____		ALLERGIES (USE F)	
Daily Insulin _____		Turn Q _____		NKDA	
Sliding Scale _____		HOB _____		ADMISSION DATE	
		FOB _____		2-20-03	
RELIGION		NEXT OF KIN		PHONE NUMBER	
DIAGNOSIS		SURGICAL PROCEDURE		CLASSIFICATION	
Cellulitis Face					
ROOM	NAME	AGE	PHYSICIAN		
213					

ARH FORM E-1-198 (9/92)



APPALACHIAN REGIONAL HEALTHCARE

## PROGRESS NOTES

DRNS

UNIT AND/OR SERVICE

HISTORY  
UNIT NO.PATIENT'S  
NAME

AH 000250949 150008  
 A0305100046  
 MARTIN, WILLIE J.  
 P: BOX 1280  
 BEAVER, WV 25813  
 BP 034-68-9083 11/12/72 M

ATTENDING PHYSICIAN

2-23-03 @ 1145 BS 147 coverage per SS. - V. Man  
 2-24-03 @ 1205 BS 115 coverage per SS - B. Phill  
 2/25/03 @ 0600 Refused Clindamycin 300mg. Stated, "It's too  
 awful." RN notified. — Doyle Killion, RN —  
 2/25/03 @ 0800 BS 133 & obtaining back coverage requested per  
 — Doyle Killion, RN —  
 2-25-03 0830 Administered 15ml Lorazepam via syringe. Re-  
 pain 8 on scale of 1-10 — D. Thomas SNRc OLR

BOTH SIDES OF THIS SHEET MAY BE USED

513-110

NSN 7540-00-634-

## MEDICAL RECORD

## CONSULTATION SHEET

## REQUEST

TO: *Surg - consult.* FROM: (Requesting physician or activity) *Deven Chanmugam, M.D.* DATE OF REQUEST *11/30/99*

REASON FOR REQUEST (Complaints and findings)

*For FU in 3 mos time*

## PROVISIONAL DIAGNOSIS

*Lump in (R) biceps area*

DOCTOR'S SIGNATURE

*Deven Chanmugam, M.D.*

APPROVED

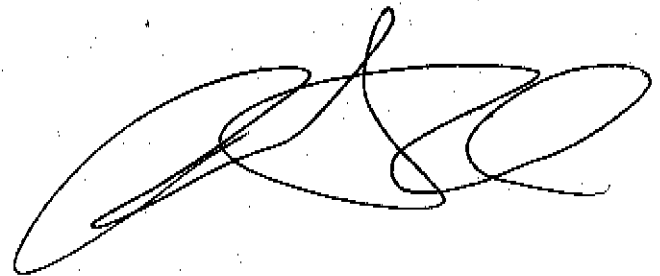
PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL☐ ROUTINE☐ TODAY☐ 72 HOURS☐ EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

*Benign lesion of (R) upper arm, in 3m  
 (H) adenoma, likely inclusion  
 cyst*

*No need for removal @ this time*


(Continue on reverse side)

SIGNATURE AND TITLE

DATE

*11/21/00*

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

*Martin, Willie**34689-083*

*USP Allenwood  
 P.O. Box 3500  
 White Deer, PA 17887*

*11/21/00*

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)  
 Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.2

410

NSN 7540-00-63

## MEDICAL RECORD

## CONSULTATION SHEET

## REQUEST

General Surgery

FROM (Indicate specialty or activity)

DATE OF REQUEST

11-8-99

ON FOR REQUEST (Complaints and findings)

J. ANNELL, PA

27 YO B O → E ~ 11 MONTH HX OF FIRM,  
NON-TENDER 1x1 CM NODULE DEEP SUBCUT.

(R) UPPER ARM, UNDER PICO

CLINICAL DIAGNOSIS

(R) UPPER ARM LESION

→ (?) EXCISIONAL B  
VS. OBSERVATION

DR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL☒ ROUTINE☐ TODAY☐ 72 HOURS☐ EMERGENCY

## CONSULTATION REPORT

RC REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

1cm x 1cm mass of ventral portion of (R) upper arm  
nodular, slightly tender

DDx → Indurated cyst, Lymph node, sebaceous cyst  
Dx'd excision on antecubital (N)

Plan → Plx T month - 6 weeks

If same size or larger, excise



(Continue on reverse side)

DATE AND TIME

DATE

LOCATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

NAME (Typed or written name):

USF Allenwood Medical Society

P.O. Box 3600

White Deer, PA 17882

MARTIN, WILLIE

34689-083

CONSULTATION SHEET

Medical Record

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE	
14 July 03	<p>1300 Intra complains of cyst in back of jaw/Examination orally reveals Periodontitis of Area #31/ X-Ray reveals Healing WNH from Mandibular fracture/ Approximately 3 weeks prior, Bands and brackets removed/ Missed orders/ OAT Reintroduced/ OCE ✓ - No caps</p> <p>Motrin 800mg Disp: 10 TABS Sig: 2Lo  TAB BID x 5 Days</p> <p>Cleocin 150mg Disp: 12 TABS Sig: 2Lo  TAB QID x 3 Days</p>	<p>R. STEVENS  CONTRACT PHARMACY TECH  FCI/FPC BECKLEY</p> <p>DR. S. HUGHES, DDS, CD  FCI/FPC BECKLEY</p>	

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

Martin, Willie

Federal Correctional Institution

P.O. Box 22200

Beaver, WV 25813

REGISTER NO.

34689-083

WARD NO.

DENTAL TREATMENT RECORD

HRSA-237 (4)







DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
2-24-03	Rt. Cerebral 300mg disc. 25mg/ml 4ml. ASD + 10 Dalt.	J. HALEY, D.D.S. FCI/FPC BECKLEY
3-13-03	Pharmd ✓ M. Clark FCI/FPC Beckley PHARMACY MEDICATION COUNSELING BRIEF-INTERMEDIATE-EXTENSIVE UNDERSTANDING REFERRAL FAIR GD. PRINTED INFORMATION GIVEN COMMENTS:	J. HALEY, D.D.S. FCI/FPC BECKLEY
3-13-03	2-13-03 RMA Removal 1 extraction 2-1-03 oral surgery. local anesthetic 2) 2-1-03. Will have 2-1-03 J. HALEY, D.D.S. FCI/FPC BECKLEY	J. HALEY, D.D.S. FCI/FPC BECKLEY
3-19-03/1230	Reschedule innate. Unable to move from S-U.	M. JONES CONTRACT DENTAL TECH FCI/FPC BECKLEY
22 May 03	1000 5: Innate complaint of wine / paint to upper wine / paint is a 200 scale / no, being low Q: Paint may liquefy inside Innate. Soft tissue A: TUMESCENT P: Revisit 4/14 / Pardon / ASD to liquefactive wine	DR. S. HUGHES, DDS, CDO FCI/FPC BECKLEY

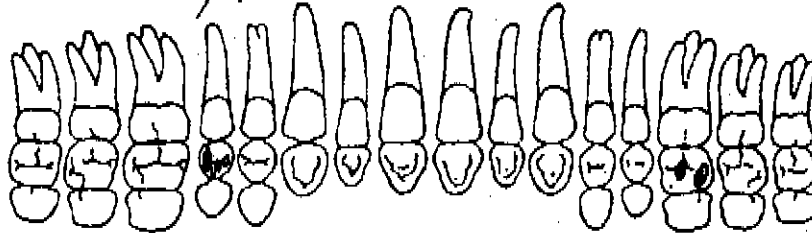
DENTAL TREATMENT RECORD (Continuation)

BP-S618.060 CLINICAL DENTAL RECORD CDFRM  
AUG 96

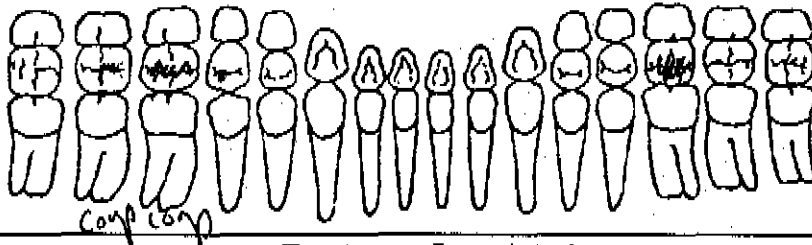
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☒ Screening ☐ Comprehensive ☐ Periodic

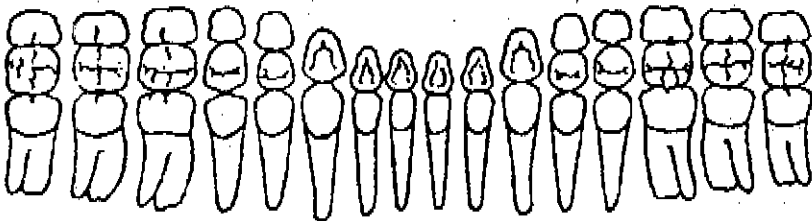


RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Treatment Completed

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name Number Sex: ☒ M ☐ F Age:

Martin, Willie 34689-083

30

Occlusion

CLASS I

Oral Hygiene

Good

Fair

Poor

CPITN

3 2 3  
3 2 3

Head & Neck/Soft Tissue

WNL

Additional Findings

NKDA

D: ☒  
M: ☒  
F: ☒

Recommended Treatment Plan

☐ Radiographs

☐ Dental Prophylaxis

☐ Oral Hygiene Instruction

☐ Periodontal Evaluation 0 I II III

☐ Oral Surgical Procedures

☐ Endodontic

☐ Restorative

☐ Prosthodontic Evaluation

Dentist Signature

Date

DR. S. HUGHES, DDS, CDO  
FCI/FPC BECKLEY

13 ABOVE

FCI/FPC BECKLEY



PRINTED ON RECYCLED PAPER

## Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
13 Nov 02 / 0830 hrs		H.H. REV. A. & O SCREENING. OHI. EXPLAINED HOW TO ACCESS DENTAL CARE (ROUTINE & EMERGENCY)
		DR. S. HUGHES, DDS, CDO FCI/FPC BECKLEY
14 Feb 03 / 0815 J		INPAT COMPLAINTS OF PAIN IN JAW / Points to lower jaw O: MANDIBULAR HAS SWELLING AND SLIGHT WARRANT TO TOUCH, X-RAY REVEALS FRACTURES P: INTRACTABLE / Refer to O.S. OR PLASTIC SUGGESTION FOR TX P: Review of H.H. / PAINFUL / CONSULT WITH DR. REBECK / Grant of H.A.B. & SOLE TISSUE / FRACTURES OF MANDIBULAR MANDIBLE SUGGESTED TO BE RELEASED TO O.S. OR PLASTIC SUGGESTION FOR TX / SLIGHT DISCOMFORT INPAT COMPLAINTS OF MANDIBULAR PAIN DR. S. HUGHES, DDS, CDO FCI/FPC BECKLEY

BP-S618.060 CLINICAL DENTAL RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISON

Examination: ☒ Screening ☐ Comprehensive ☐ Periodic

Occlusion

C III

Oral Hygiene

Good

Fair

Poor

CPITN

4	4	4
3	3	4

Head &amp; Neck/Soft Tissue

WNL

Additional Findings

D: 1

NKDa

M: 2

F: 3

Treatment Completed

Recommended Treatment Plan

☒ Radiographs

Bux2

☒ Dental Prophylaxis☒ Oral Hygiene Instruction☐ Periodontal Evaluation 0 1 II III

SC/TPX2

☒ Oral Surgical Procedures

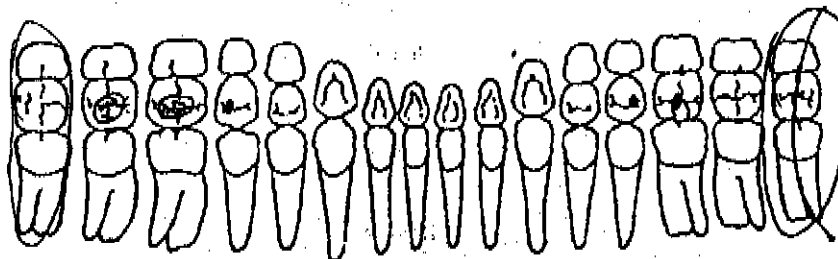
17

☐ Endodontic☒ Restorative

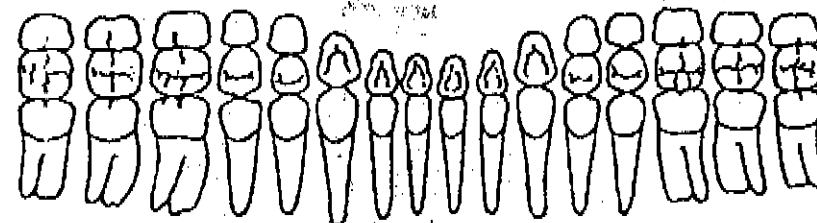
4580

☐ Prosthodontic Evaluation

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name

Number

Sex: (M) F

Age:

Martin, Willie 34689-083

28

Federal Correctional Institution  
P.O. Box 1280  
Beaver, WV 25813

Dentist Signature

Date

K. CAS, D.D.M.  
FCI/PPS BECKLEY  
BEAVER, WV

4-25-0  
8-15-04



Printed on Recycled Paper

Date/Time	#	Diagnosis - Treatment - Remarks
11/15/01 1250/0830		HHS: see HHS emergency, OTH: explained how to access dental file C: routine emergency
14 Feb 02 / 0830 hrs		O: #4 CARIOUS LESION / IFA A: RESTORABLE P: REVIEWED AT HHA / IFA / 7.2 cc H2O2 290 / 100,000 / NO CUPS / OCC V / ADVISOR IMMEDIATE TREAT COULD BE SENSITIVE HOT & COLD INQUIRY FOR SEVERAL DAYS
		DR. S. HUGHES, DDS, GDO FCI/FPO BECKLEY

BP-S618.060 CLINICAL DENTAL RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☒ Screening ☐ Comprehensive ☐ Periodic

Occlusion

Class I

Oral Hygiene

Good

Fair

Poor

CPITN

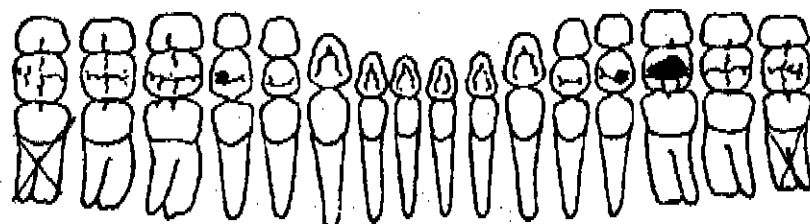
0	0	0
0	0	0

Head &amp; Neck/Soft Tissue

WNL

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Additional Findings

D: 0

M: 4

F: 4

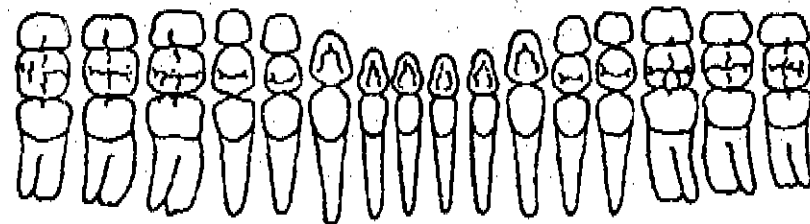
Treatment Completed

Recommended Treatment Plan

☒ Radiographs☒ Dental Prophylaxis☒ Oral Hygiene Instruction☒ Periodontal Evaluation 0 I II III☐ Oral Surgical Procedures☐ Endodontic☐ Restorative☐ Prosthodontic Evaluation

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name Number Sex: M F Age:

Martin, Willie 34689-083

Dentist Signature

Date

S. HENNIGAN, RDM 1 Sep 96

USP ALLENWOOD

USP ALLENWOOD  
P.O. BOX 3500  
White Deer, PA 17887

Date/Time	#	Diagnosis - Treatment - Remarks
1 Sep 98 1300		A+O exam
28 Jan 99 0840		A+O exam OHI, OCS
14 Oct 99 0915		Non-erecting x-ray #18
12 Nov 99		Pt reports for period exam. Htune exam good OA, mod cal past regions pt is aware. Cavitation, scale, pro, brushing & flossing review. Year recall TX complete.
13 Jan 00 1245		#30, 31 (C) composites dyed cal acid etch light cure procedure. C-4 17ph no mesh up. pt completely

## INPATIENT COVER SHEET

ICI/FPC BECKLEY, WV

## DIAGNOSIS:

## ICD-9 CODE/SMD CODE

1. Swelling of the face, post surgical, plus cellulitis of the face.	784.2
2. Inability to swallow	787.2
3. Pulmonary congestion	514
4. Diabetes mellitus, controlled	250.0
5. Status post cholecystectomy.	575.10
6. Hep C + A	070.4

## PROCEDURES:

1. X-ray of facial bones	87.16
2. X-ray of the chest	87.44
3. CT of the facial bones	88.38
4. U/S of abdomen	88.76
5.	
6.	
7.	
8.	
9.	
10.	

BECKLEY APPALACHIAN REGIONAL HOSPITAL  
306 Stanaford Road  
Beckley, WV 25801

ENTERED

Name: Martin WillieReg. #: 34689-083 Admission Date: 2/20/03DOB: 11-12-72 Discharge Date: 2/25/03



### STATEMENT OF FACTS

Mr. Martins medical records will verify this claim, as will security investigation reports of 2-12-03. Mr. Martin was placed in the Special Housing Unit (Seg.) pending investigation of an assault. Mr. Martin was never examined by medical staff as procedural protocol states. Mr. Martin fell from his bed and sustained a broken jaw. Mr. Martin was left in the lockup unit for 3 full days before he was attended by medical staff. Mr. Martin's accident was a result of an overcrowded living quarters, as he shared a cell with (2) other inmates. Mr. Elbert Knight Jr. Reg.#27569-083 and Mr. Emory Clemons Reg.#17536-074. The cell these 3 people shared was a cell made for 2 people. Mr. Martin's lack of personal and allotted space was a result of his injury, a violation of his Constitutional Rights, see FRENCH V OWENS cite as 777 f. 2d. 1250 (7th cir 1985) Criminal Law 1213.10'(1) Where 8th Amendment violation resulted lack of space and furnishings from overcrowding and double celling, poor medical care. as a result of Mr. Martin's grievance to remedy his claim the institution is retaliating by continuing to deny Mr. Martin adequate medical care Mr. Martin is suffering an injury as a result of the wire retainer placed in his mouth to reser his broken jaw. Mr. Martin has been denied medical attention for this injury.

*Willie Martin - Reg # 346892*

11/15 Sick over  
 S: "Since Saturday I have had a Cold, I am coughing up green phlegm and at times there is a little blood in it. I have a fever, sore throat, and body aches. —  
 O: T=96.7 P=85 R=14 BP=155/86 A/O, Lungs clear bilat, actively coughing, throat red, no blisters. Nose exhibits clear sinus drainage. No Abdominal Pain, no problems c/ bowels or bladder. —

A: Alteration in Comfort. P Pain. —  
 P: T.O. Dr. Rehberg, 1.) G. Humabir - Bid x 5 days  
 2.) Tylenol 500mg  $\dot{\bar{r}}$   $\dot{\bar{r}}$  6hr #24 3.) CPMs 4mg  $\dot{\bar{r}}$   $\dot{\bar{r}}$  8hrs x 5 days. 4.) Saline Nasal spray prn x 1 bottle. Discussed course of treatment c/ inmate RTC on Friday if no improvement. —  
 R.M. Clark RN - K. Low. —

PharmD  
 FCI/FPC Beckley

PHARMACY MEDICATION COUNSELING  
 BRIEF-INTERMEDIATE-EXTENSIVE  
 UNDERSTANDING REFERRAL FARM (D)  
 PRINTED INFORMATION GIVEN IN  
 COMMENTS:

N. REHBERG, D.O.  
 STAFF PHYSICIAN  
 FCI/FPC BECKLEY, WV

5/12/03 Flu like symptoms 99°F, 103/87, 101, 18, 192/13

11/15 S: C/o Nasal congestion x 1 week —  
 @ Lungs @ HA —

O: USS -

Heart - Tm's - wrr

Nasal - @ Daythron @ clear

Posterior Rhinos - wrr

@ Longitudinal

A: URI

P: ① Acetaminophen  $\dot{\bar{r}}$  po BID #10 PR —

② Tylenol 500mg  $\dot{\bar{r}}$  po  $\dot{\bar{r}}$  6hr #24 PR

③ 1/2 in 2nd call PR @ 11/15/03

R. STEVENS

D. McLAIN D.O., CLINICAL DIRECTOR

STANDARD FORM 600 BACK (REV. 5-84)

J. KOBY  
 PAC  
 FPC BECKLEY

FHRMR (41 CFR) 201-45.505

S-84

ETH

DE

gic

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503 WT/190  
HR/BR RY/DN  
34689-083

Beaver, WV 25803

P.O. Box 1280

Federal Correctional Institution

FCI/FPC BECKLEY

PA-C

K. KAISER

PHARMACY MEDICATION COUNSELING  
BRIEF-INTERMEDIATE-EXTENSIVE  
PRINTED INFORMATION GIVEN  
COMMENTS:

M. Clark  
PharmD  
FCI/FPC Beckley

*Handwritten notes:*  
P. Collected that at time, aged on  
from several diseases. Employment  
discovery of several lower. Also  
experienced these many produce  
these some months ago to  
these above lower to help prevent  
Ruston.  
Follow up as needed  
\*Typhoid 500mg #21 1 po TID x 7  
Plays for Chestnutville town  
no refusal

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

CHRONOLOGICAL RECORD OF MEDICAL CARE

HEALTH RECORD

NSN 7540-00-634-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)		
5-28-03	S: C/O Headache / head congestion		
1300	O: 98.5° 153/83, 85, 18		
	Aetox 3, SKIN W/D, R-s, rations 18 even and		
	not labored, Both tympanics C bulging clear		
	to gray color, Afebrile. Denies any tenderness		
	Or Facial gelation		
	A: Attention in contact.		
	P: Actifed 1 PO BID #10 OK		
	Tylenol 400mg 1 on it PO Q8H PRN #30 OK		
	ORDER read back and verified to PAC Kobel.		
	U: O PA Kobel / J. Walther / Jeff Walker		
	M. Clark PharmD		
	FCI/FPC Beckley		
	J. Koby PAC FCI/FPC BECKLEY		

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

RECORDS MAINTAINED AT		Martin, Willie	
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME	34689-083	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

[illegible]

NSN 7540-00-634-1176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each ent)		
S. 11-7-02	Received at FCI Beckley, W.V. Intake screening completed and record reviewed on this date.		
1755	Present medical complaints: If Yes, specify:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	Medical transfer form BP-360(60) received and reviewed: If NO, was BP-360(60) completed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	Medication Allergies: If Yes, specify: NKDA	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	Current medication listed on SF 149? None	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	Immunization record reviewed:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	Date of last PPD: 10/13/02	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> NEG
	Known current venereal or communicable diseases:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	Use of alcohol or drugs, present or past: If YES, is all required information specified in the "INTAKE SCREENING" section of the BP-360(60) annotated on the form?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	IDEATIONS OF SUICIDE: If YES, CONTACT PSYCHOLOGY IMMEDIATELY!	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
O	Alteration of behavior noted: If yes, describe what type, to include state of consciousness, mental status, appearance, conduct, tremors and sweating.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	Abnormal skin conditions including trauma markings, bruises, lesions, jaundice rashes and infestations, needle marks or other indications of drug abuse: If YES, specify:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
A	Essentially healthy male: If NO, specify:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
P	RTC, pri. Sick call, call-outs, emergency care, hours of operation and pill line instructions given:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	Medical referral: Psychological referral:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NO
	PA/RN name (sign AND print or stamp)	K. THOMPSON, RN FCI/FC BECKLEY	
	CARE LEVEL <u>I</u> II III IV		

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

FV  
RI  
SF  
DI  
CI

MARTIN

WILLIE

B/M/O/11-12-1972

HT/503

WT/190

CUSTODY/IN

34689-083

HR/BK EY/EN

L TH RECORD

CHRONOLOGICAL RECORD

MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

11/7/02

## PAIN RATING SCALES

1755

## 0 - 10 VISUAL ANALOG SCALE

0

1

2

3

4

5

6

7

8

9

10

No Pain

Worst Possible Pain

## WONG-BAKER

## FACES PAIN RATING SCALE



0



1



2



3



4



5

COMMENTS:

CAUSE OF PAIN

LOCATION

HOW LONG (DURATION)

PAIN RELIEF

(Example: Position Change, Over-The-Counter Drug)

QUALITY

(Example: Sharp, Dull)

OTHER

None @ present

K. THOMPSON, RN  
FCI/FPC BECKLEY

Federal Correctional Institution

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MARTIN

WILLIE

34689-083

B/M/O/11-12-1972

HT/50.3 WT/190

HR/BK

EY/BN

CUSTODY/IN

H

-24)

NBN 7540-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
10/22/02 09:50 3D	NO SHOW FOR SICK CALL C. Williams, ARNP- Contract FTC Oklahoma City <i>C. Williams, ARNP</i>		
10/24/02 1130 2D	NO SHOW FOR SICK CALL T. Kelso, ARNP <i>T. Kelso</i> FTC Oklahoma City, OK		
10-28-02 0930 3D	NO SHOW FOR SICK CALL <del>H. Al-Rubaii, PA</del> FTC Oklahoma City, OK		
10/31/02 0880 3D	NO SHOW FOR SICK CALL <del>E. Barby, PA</del> FTC Oklahoma City <i>(Sally)</i>		
11-1-02 1040 3D	<del>H. Al-Rubaii, PA</del> FTC Oklahoma City, OK		
11/4/02 3D 0830	<i>My appointment is for the local Requesting leave bank no record notes leave bank service</i>		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

34689-083

WARD NO.

3D

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 800 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

FTC Oklahoma City, OK

*Martin, Willie*



FPI, LEX.  Printed on Recycled Paper[illegible]

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

5/20/02 5:40 "I need to see a doctor about my (L) something bite me two times on my (L) leg" 4/02

X3 days. NKDA

(SHU) O: (L) groin area exam (corrected) office present as chaperone (L) round painful nodule (L) inguinal area mobile & redness & open wounds & edema & vesicles (L) femoral pulse & palpable

(R) groin area

R: (L) Possible (L) inguinal lymphadenopathy

P: (L) Case discussed to Dr. Rehberg and referred

Dr. Rehberg for evaluation

(2) Cipro 500mg po BID x 10 days on Pill line.

(3) Ptd on med and exam

(4) Rtc if symptoms worsen

(5) CMC Pmp LK

S. TAYLOR, PA-C  
CERTIFIED PHYSICIAN ASSISTANT  
FCI/PPC BECKLEY

N. REHBERG, D.O.  
STAFF PHYSICIAN  
FCI/PPC BECKLEY, WV

MAY 20 2002

J. ZIOLKOWSKI, RPH  
CONTRACT PHARMACIST  
FCI/PPC BECKLEY  
LABS DONE

Date: 5-20-02

Initials: HUS

Time: 1300

Signature: Hellen Shreve

Hellen Shreve, Lab Tech

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

RECORDS  
MAINTAINED

PA  
REI  
SPC  
DEI  
CHI

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503 WT/190  
CUSTODY/IN

34689-083

HR/BK EY/BN

DATE 11/1/78

RS-E provisorium Ø 57

5/15

pt 2 (c) upon release from - No credit  
or damage. 0 English credit

15th Nov 2013

Wang Chen

Thick. *Syntherisma* (p. 165) *glauca*

2) Bei einer (chrom) von acht  
Plan: (E) hat sieben Tage weniger

③ 1000000

FCI/FCI BECKLEY, WV  
FCI/FCI BECKLEY

540-00-634-4176

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

5-4-02 Admin notes. See injury assessment

3:45pm

S. LUSK, RN  
CLINICAL NURSE  
FPC/FCI BECKLEY, BEAVER, WV

See Injury Assessment Form

7/4/02 5. Inmate was playing basketball and was  
1845 elbow and sustained a laceration above  
the left eye. No LOC, no headache, diplopia  
double vision. He thought it would be OK  
but it kept bleeding so he came over for  
care.

O - About 1/2

② 2.5 cm laceration extending from end  
of eyebrow over OS and extending  
lateral.

③ PERLA &amp; EOMV

④ Minimal bleeding

A - Laceration

B - Educated to use of hydrocortisone - No allergies

② 1/2 cc 2% Hydrocortisone plain

③ Chemical &amp; betadine

④ Using Steric Strips 6. 5/0 nylon sutures

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

RECORDS MAINTAINED AT	PATIENT'S NAME (Last, First, Middle, Initial)		SEX
	RELATIONSHIP TO SPONSOR		RANK/GRADE
	SPONSOR'S NAME	STATUS	ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	34689-083		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

STANDARD FORM 600 BACK (REV. 5-84)

*K. KAISER PA-C*  
FCI/FPC BECKLEY

5) I wrote Mark to sick call for suture removal and states "I accidentally tore one out"  
 2) Vitals stable BP 120/80 P 98 T 96.7  
 No evidence of infection  
 Removed 4 interrupted sutures over L eye  
 A well healing laceration over L eye  
 P Keep clean and dry  
 Apply antibiotic oint. bid  
 Flu @ sick call pm

*N. REBERG, D.O.*  
STAFF PHYSICIAN  
FCI/FPC BECKLEY, WV

*K. KAISER PA-C*  
FCI/FPC BECKLEY

4/10/03  
 5) Double eye contusion  
 6) Bandaged  
 7) Flu STAT if swollen, turn down  
 8) Flu 48 hr check, Flu 5 days for  
 suture removal

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each)
3/28/02 0835	<p>S: c/o feet still in cracking state he is using the foot cream "Nizoral" NADA, but is out of the other.</p> <p>O: ⊕ very dry cracking skin on plantar surfaces of feet ⊕ fissures or redness ⊕ peeling</p> <p>A: ⊕ ichthyosis ⊕ also Tinea Pedis</p> <p>P: ⊕ Continue Nizoral cream as ordered.</p> <p>② Vit A/Donitment apply to feet BID x #15gm</p> <p>③ Pted on foot care med</p> <p>④ RTC if symptoms persist or worsens</p>
MAR 28 2002	<p>J. ZIOLKOWSKI, RPH CONTRACT PHARMACIST FPC/FCI BECKLEY</p> <p>S. TAYLOR, PA-C CERTIFIED PHYSICIAN ASSISTANT FCI/FPC BECKLEY</p>
4/8/02 0815	<p>S: c/o LBP "Chronic" ⊕ Hx of 2 bullets in back Awaiting Xrays Ordered on 3/18/02. State he is out of Motrin for pain. NADA</p> <p>O: Alert and Oriented x3. NAD. Ambulatory ⊕ difficulty or ataxia ⊕ Active ROM ⊕ some pain ↓ L-spine. Respiration even and unlabored</p> <p>A: ⊕ LBP "chronic"</p> <p>P: ⊕ Awaiting Xrays ordered on 3/18/02.</p> <p>② Motrin 800mg po BID PRN x #40 tabs</p> <p>③ Pted on med &amp; food</p> <p>④ RTC if symptoms persist or worsens</p>
APR - 8 2002	<p>J. ZIOLKOWSKI, RPH CONTRACT PHARMACIST FPC/FCI BECKLEY</p> <p>S. TAYLOR, PA-C CERTIFIED PHYSICIAN ASSISTANT FCI/FPC BECKLEY</p>





17540-00-634-4176

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
2/28/02	Si c/o "Bumps on back of head" "sore" x several weeks.
0905	NKDA
(S.Hu)	O: skin exam ⊕ fine red pustular lesions to hair follicles on occipital area of scalp to vesicle
	A: folliculitis
	P: 1 Doxycycline 100mg po BID x 14 days
	② A: on med to skin and skin care
	③ Selsun Shampoo apply twice per week x 30 days
	④ RTC PRN
	J. ZIOLKOWSKI, RPH CONTRACT PHARMACIST FCI/FPC BECKLEY FEB 28 2002
	S. TAYLOR, PA-C CERTIFIED PHYSICIAN ASSISTANT FCI/FPC BECKLEY
	Cont'd mussel 2/28/02
3/16/02	Si c/o dry painful areas on both heels to fine skin crack
0815	NKDA
(S.Hu)	O: skin exam ⊕ very dry hard skin on both heels to fine cracking to redness to open fissures. ⊕ peripheral pruritus
	A: ichthyosis bilateral heel areas
	P: 1 Vit A ointment apply to affected area BID x 15 days
	② P: on skin care to med
	③ RTC if sx persist
	D. WEINBERG, D.O. STAFF PHYSICIAN FCI/FPC BECKLEY
	S. TAYLOR, PA-C CERTIFIED PHYSICIAN ASSISTANT FCI/FPC BECKLEY

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

RECORDS  
MAINTAINED

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503 WT/190  
CUSTODY/IN

34689-083

HR/BK EY/BN



STANDARD FORM 600 BACK (REV 10/99)  
 CERTIFIED PHARMACIST ASSISTANT  
 FCI/HFC BECKLEY

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
3/12/02	5/c/o LBP "chronic" state, he has 2 bullets in back, c/o foot pooling and leaking but both from before treatment NKDA.
0840	5th
	Di: pooling & line scaling between toes and also plantar surfaces of feet & medians & phalanges & heels
	up ambulatory & ataxia & difficulty. A constant & vented x3.
	A/c LBP "chronic"
	2 Timea Peds
	P: 1. 0mg gellets cream 1 to apply to feet BID x 1 & 1 RF
	2. 0mg gellets cream 1 to apply to feet BID x 1 & 1 RF
	3. 0mg gellets cream 1 to apply to feet BID x 1 & 1 RF
	4. 0mg gellets cream 1 to apply to feet BID x 1 & 1 RF
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S. TAYLOR, PA-C  
 CERTIFIED PHYSICIAN ASSISTANT  
 FCI/HFC BECKLEY

J. ZIOLKOWSKI, RPH  
 CONTRACT PHARMACIST  
 FCI/HFC BECKLEY

3/12/02  
 3/12/02

7540-00-634-4176

## EALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

2/3/01 5:40 ↑ infection and swelling (R) eye. Not getting better  
0805 NKDA.

SHU O/R Lower lid red and swollen - pain - palpable  
PER LA. Conjunctivitis. Mild injection of  
conjunctiva. No exudate or mucous drainage  
A/R eye Hordeolum

\* P/O for <sup>first</sup> time E-mycin ophthalmic drops (R) eye QID x 5d  
\* (2) Doxycycline 100mg po BID x 10 days  
(3) Warm moist compresses QID to (R) lower eye  
(4) Put on eye care - meds - ↑ H<sub>2</sub>O  
(5) Rtc if symptoms worsen

S. TAYLOR, PAC  
CERTIFIED PHYSICIAN ASSISTANT  
FOI/FCI/BECKLEY

Admin Note PA Taylor OK change of E-Mycin  
oph soln to sulfacetamide

DEC 03 2001

J. ZIOLKOWSKI, RPH  
CONTRACT PHARMACIST  
FOI/FCI/BECKLEY

RECORDS  
MAINTAINED  
AT

Federal Correctional Institution

P.O. Box 1280

Beaver, WV 25803

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503 WT/190  
CUSTODY/IN

34689-083

HR/BK EY/BN

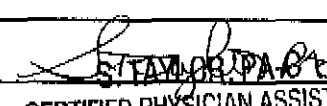
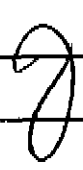

DE

RTI

(3-84)

MARTIN  
WILLIE

34689-083

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)
12/6/01	S: c/o heels very dry and cracking NKDA.
0810	O: feet exam ⊕ very Dry callous formation both heels & fissures and dryness but no open wounds or redness.
(SHU)	A: ⊕ Ichthyosis bilateral heel areas
	P: ⊕ Double antibiotic ointment apply to both heel areas BID x #1 tube
	② Ptd on foot care & med
	③ RTC PRN
	 J. ZIOLKOWSKI, RPH CONTRACT PHARMACIST FPC/FCI BECKLEY
12/10/01	S: c/o tooth pain (R) ↑ molar area x 4 days
0800	NKDA
(SHU)	O: ⊕ (R) ↑ molar pain & redness & swelling of gingiva
	A: ⊕ Dental Pain
	P: ⊕ Motrin 800mg i po BID PRN x #40 & food
	② Ptd on meds & food
	③ Referred to Dental Services for tx
	④ RTC PRN
DEC 10 2001	 J. ZIOLKOWSKI, RPH CONTRACT PHARMACIST FPC/FCI BECKLEY
	 J. TAYLOR, PAG CERTIFIED PHYSICIAN ASSISTANT FCI/FPC BECKLEY

NEN 7540-00-534-1178

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
S	Received at FCI Beckley, W.V. Intake screening completed and record reviewed on this date.		
8/2/01	Present medical complaints: If Yes, specify:	YES	NO
1420	Medical transfer form BP-360(60) received and reviewed: If NO, was BP-360(60) completed? <u>yes</u>	YES	NO
	Medication Allergies: If Yes, specify:	YES	NO
	Current medication: If YES, specify type, strength, dosage, times and expiration:	YES	NO
	Immunization record reviewed:	YES	NO
	Date of last PPD: <u>6-20-01</u>	POS	NEG
	Known current venereal or communicable diseases:	YES	NO
	Use of alcohol or drugs, present or past: If YES, is all required information specified in the "INTAKE SCREENING" section of the BP-360(60) annotated on the form?	YES	NO
	IDEATIONS OF SUICIDE: If YES, CONTACT PSYCHOLOGY IMMEDIATELY!	YES	NO
O	Alteration of behavior noted: If yes, describe what type, to include state of consciousness, mental status, appearance, conduct, tremors and sweating.	YES	NO
	Abnormal skin conditions including trauma markings, bruises, lesions, jaundice rashes and infestations, needle marks or other indications of drug abuse: If YES, specify:	YES	NO
A	Essentially healthy male: If NO, specify:	YES	NO
P	RTC. pri. Sick call, call-outs, emergency care, hours of operation and p.m. time instructions given:	YES	NO
	Medical referral:	YES	NO
	Psychological referral:	YES	NO
	PA/RN name (printed or stamp)	<u>K. Rose, RN</u>	8-2-01
	PA/RN name (signature)	<u>[Signature]</u>	Date

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Federal Correctional Institution  
P.O. Box 1280  
Beaver, WV 25813

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503 WT/190 HR/BK EY/BN  
CUSTODY/IN

K. ROSE, RN  
FOI / FPC BECKLEY  
BEAVER, WV

IK/GR

E OF P

(REV.

1A

35

NSN 7540-00-807-1175

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6/16/00 5. PE clo sorethroat x 1 day + bumps  
 1104 on his head x 3 wks  
 ° NAD A+ OX3 Amb  
 back of head: ⊕ small nonerythematous  
 bumps ⊕ d/c  
 BP 120/76 P 72 R 16 t: 98°  
 lungs: clear CTA  
 throat: ⊕ inflam<sup>(LTR)</sup> ⊕ erythema pericard  
 ⊕ lymph inflam  
 A. tonsillitis, folliculitis  
 0095986 P. PCW 580mg i TID x 10 days  
 0095987 Betameth. lotion - apply to back  
 of head BID - keep clean + dry  
 • 4 periods  
 • RTSC of 8/5 persist  
 • pt came on med  
 Patient Medication Education Sheet  
 Dispensed with Medication

D. INCH, PA-C  
 USP ALLENWOOD

PATIENT'S IDENTIFICATION (Use this space for Mechanical ID)

RECORDS  
MAINTAINED  
AT:

USP ALLENWOOD

PATIENT'S NAME (Last, First, Middle Initial)

RELATIONSHIP TO SPONSOR

STATUS

SEX

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT, SERVICE, SSN/IDENTIFICATION NO.

DATE OF BIRTH

STANDARD FORM 600 BACK (REV. 5-84)

INVENT FILING OFFICE 1993-042-199/00045

Discontinued with Discontinuation  
Examination of the Discontinuation

1579 BETAMETHASONE VAL 0.1% LO # 60

3X #

APPLY SPARINGLY TO THE AFFECTED  
AREAS OF FOR NECK TWICE DAILY

J. DESAN

Dr. DATE MARTIN, WILLIE

37607/00 34689-083

USP ALLENWOOD  
R. SKERDA, RPH

D: Betamethasone valerate - apply to neck BID #1

neck: @ erythematous macules q/d/c  
A: Folliculitis

O: Amb/MO/A0x3

Folliculitis

S: Pt requests betamethasone valerate refill for

7-7-00 920

7/7/00 1400

NSN 7540-00-834-4176

600

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/30/99	Admin note		
0820	Seen at Surg. Consult. clinic (Dr. Trevino)		
	DD 1) cyst, node (R) biceps area.		
	P To keep under observation with FU at Surg clinic		
	in 3 mos. (FU consult written)		
	Deven Chanmugam, M.D.		
1/21/00	Admin note		
0840	Seen at Surg consult clinic re lump in (R) biceps area and		
	hx of bullet in posterior (L) scapular area		
	no surgery indicated at this time.		
	Deven Chanmugam, M.D.		
1/31/00	S. pt do coughing, general malaise and sore		
0850	throat.		
	RR 12/min Pulse 76/min Temp 99.0 F		
	HEART - WNL		
	Lungs - clear		
	A/URI		
0090366	P ① Humibid tab # 12 + Po bid		
0090367	② Actidol tab # 15 + Po tid		
	↑ fluid, like		
1/31/00	Patient Medication Education Sheet (a) #		
10:15	Dispensed with Medication R. SKERDA, RPH		
	USP ALLENWOOD		
	A. BETANCES/PA		
	USP ALLENWOOD		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

USP ALP

PATIENT'S NAME (Last, First, Middle Initial)

Martin, Willie

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

34689 - 083

DATE OF BIRTH

11/12/72

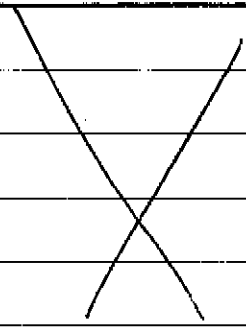
CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-8)  
Prescribed by GSA and ICMA  
GPO: 201-45-505

↑

STANDARD FORM 600 BACK (REV. 5-84)

U.S. Government Printing Office: 1993 — 342-199/50045



C. FRIMPONG  
Physician Assistant

*[Handwritten signature]*

R. SKERDA, RPH  
USP ALLENWOOD

0034003  
5/15/00

① Betamethasone valerate lotion apply to neck BIO #1  
② folliculitis  
③ Med Refill  
④ TMD

5/15/00  
1040

J. DE SANTO, PA  
USP Allenwood

R. SKERDA, RPH  
USP ALLENWOOD

5/2/00 1152 40

P. ① Betamethasone valerate lotion - apply to neck BIO #1  
RTM S/C of s/s continue

0090200

A: Folliculitis  
Nck: ② small bumps of d/c

SNU

S: Pt c/o bumps on back of neck  
O: Amb/MAD/A003

0630

5-8-00

J. DE SANTO, PA  
USP Allenwood

R. SKERDA, RPH  
USP ALLENWOOD

R. SKERDA, RPH  
USP ALLENWOOD

4/11/00  
SNU

J. DE SANTO, PA  
USP Allenwood

P: Bicarodul Syng II 2 qhs #6  
↓ fluids

0093704

S: Pt c/o constipation  
O: Amb/MAD/A003  
A: Constipation

SNU

0630

4/11/00



NSN 7540-00-834-4178

5

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/22/99	I/M refused to be seen at chronic care clinic S. Dehl / S. Dehl S. Lee
5/12/99 0900	S- Seen in Chronic Care Clinic HYPERTENSIO Working in kitchen Smoking 5 cig Exercise daily Diet reg Hospitalized twice for GSW last time 2 yrs ago No FH of HTN Father has diabetes No known Allergies Current med nil Dermis cough, headaches, SOB, chest pain 26 y AA male in no acute distress Alert w operative gait speech normal P 64/min RR 12/min BP 110/70 Wt 186 lb? 5'2 1/2 Throat clear neck supple Lungs clinically clear heart sds normal (R) side of chest surgical scars Abd soft Lower extremities no edema A 1) Essentially healthy male with PH of GSW to chest P Patient education diet exercise smoking discussed.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle Initial)

Martin, Willie

SEX

M

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRAD

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

34689 - 083

USP Allenwood  
P.O. Box 3500  
White Deer, PA 17887

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)  
Prescribed by GSA and ICMR  
FPMR (41 CFR) 201-45.505

$$\begin{array}{r} 1160 \\ 66 \overline{) 7618} \end{array}$$

Punch / Inch PTC

4/11/19

0086390

011  
01010

R. SKERDA, RPH  
USP ALLENWOOD

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE \_\_\_\_\_

NSN 7540-00-834-4178

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
INTAKE SCREENING REPORT			
	DATE/TIME: 3/31/99 0922		
	BP-149 "MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT" REVIEWED		
	(IF NO, WHY NOT): Yes		
	BP-360 "MEDICAL HISTORY" REVIEWED (DOCUMENT ON BP-360 THAT YOU REVIEWED):		
	Yes		
	MEDICAL DIAGNOSIS: <del>None</del>	CHRONIC CARE CLINIC:	
(1)	? Hx HTN per ILM	(CIRCLE YES/NO)	
(2)			
(3)			
(4)			
(5)			
	LAST DOCUMENTED PPD TEST (DOCUMENT DATE, POSITIVE OR NEGATIVE, IF POSITIVE IS THERE EVIDENCE OF TREATMENT; IF NO PRIOR PPD - PPD MUST BE PROVIDED WITH TWO WORKING DAYS):		
	MEDICATIONS: None		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
	ALLERGIES: NADA		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

USP Allenwood  
PO Box 3500  
White Deer, PA 17887

RECORDS MAINTAINED AT:	USP ALLENWOOD, WHITE DEER, PA 1		
PATIENT'S NAME (Last, First, Middle Initial)	Martin, Willie		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRA	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF B	
	34699-083		

S. Government Printing Office: 1993 - 342-198/60045

USP Allenwood

STANDARD FORM 600 BACK (REV. 5-84)

Roberto Martinez, AHSA, PA

REVIEWED BY:

*Roberto M/A*

ANY DISABILITY ASSIGNMENTS (SPEECH IMPAIRMENT/HEARING IMPAIRMENT/VISION  
 IMPAIRMENT/MISSING EXTREMITY/NONPARALYTIC ORTHOPAEDIC IMPAIRMENT/PARTIAL  
 PARALYSIS/OTHER PHYSICAL IMPAIRMENT/DISFIGUREMENT): *0*

RECOMMENDATIONS: *To be found on Departmental Order*

REVIEWED BY AHSA/HSA/CLINICAL DIRECTOR ON:

*4/1/89*

REVIEWED BY:

*J. A. Welsch, H.I.T.*REVIEWED BY MEDICAL RECORD DEPARTMENT ON: *3-31-1999*

ARRIVAL.

RETURN THIS FORM WITH ALL MEDICAL RECORDS INTO THE MEDICAL RECORD DEPARTMENT.  
 THESE FORMS AND MEDICAL RECORDS WILL BE REVIEWED WITHIN ONE WORKING DAY AFTER

SIGNATURE/BLOCK STAMP:

*[Signature]*  
 Arden J. Duffry, Paramedic  
 USP Allenwood

DUTY/HOUSING RESTRICTIONS:

*None*

PROPERLY TREATED):

IS THERE EVIDENCE OF LICE (IF YES - INMATE MUST BE ISOLATED AND

*None*

EVALUATION/DOCUMENTATION):

PRESENT SUICIDAL IDEATIONS (IF YES - REQUIRE IMMEDIATE

INTAKE SCREENING (Continued)

7540-00-63A-178

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-15-99 1413	FOOD SERVICE WORKERS PHYSICAL EXAM
	VITAL SIGNS: B/P: 140/94 T: apbale P: 72 RESP: 14 WT: 188
	PPD DATE: 12-97 2/99 Neg (SS)
	CXR DATE:
	SKIN: RASH/LESIONS: (NO)
	YES (LOCATION):
	HEENT: ears - clear P.R.L. throat - clear Neck - supple
	RESPIRATORY: clear & wheeze or honchi
	CARDIAC: RLR & (m)
	EXTREMITIES: WNL
	ESSENTIALLY HEALTHY MALE: (YES) NO
	OK FOR FOOD SERVICE: YES (NO)
	IF NOT OK, SCHEDULE FOR MD EVALUATION
	PT. EDUCATION: ① Needs PPD ② Told to RTN Wed. for BPV.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Martin, Willie

34689-083

USP Allenwood  
P.O. Box 3500  
White Deer, PA 17887

RECORDS MAINTAINED AT:	USP ALLENWOOD P.O. BOX 3500 WHITE DEER, PA 17887	
PATIENT'S NAME (Last, First, Middle Initial)	J. DESANTO, PA USP Allenwood	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 800 (REV. 5)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.305

CHRONOLOGICAL RECORD OF MEDICAL CARE  
STANDARD FORM 500 (REV. 5-84)  
Prescribed by GSA and OMB  
FPMR (41 CFR) 201-45.505

PATIENT'S NAME (Last, First, Middle Initial)		PATIENT'S SERVICE SSN/IDENTIFICATION NO.	
MARTIN, WILLIE		84689-063	
RELATIONSHIP TO SPONSOR		SPONSOR'S NAME	
STATUS		ORGANIZATION	
RANK/GRADE		DATE OF BIRTH	
SEX		MAINTAINED AT	
P.O. BOX 3500		RECORDS	
WRIGHT, MISS, PA 17887		P.O. BOX 3500	

USP Allwood  
P.O. Box 3500  
Wright, Miss, PA 17887

J. DESANTO, PA  
USP Allwood

HEALTH RECORD		DATE	
SYMPTOMS, DIAGNOSIS, TREATMENT (Sign each entry)		2/19/99	
FOOD SERVICE WORKERS PHYSICAL EXAM			
VITAL SIGNS: B/P: 110/84 T: 98.6 P: 66 RES: 14 WT: 187		PPD DATE: 12/15/95	
COR DATE:		2-3-99	
SKIN: RASHES/LESIONS:		NO	
YES (LOCATION):			
HEENT: Eyes - clear, Ears - normal, Throat - clear, Neck - supple, Lymph nodes - normal			
RESPIRATORY: clear, wheeze, or rhonchi			
CARDIAC: RLLS in			
EXTREMITIES: WNL, FDM, edema			
ESSENTIALLY HEALTHY MALE:		YES	
OK FOR FOOD SERVICE:		YES	
IF NOT OK, SCHEDULE FOR MID EVALUATION			
PT. EDUCATION:		① Needs PPD checked done 2/3/99	

NSN 7540-00-834-4178

600 108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8-19-98	NO show to sick call		
1115	D. Wench DIANE SCHANTZ, PA-C USP ALLENWOOD		
9-9-98	See BP 3602		
	D. INCH, PA-C USP ALLENWOOD		
2/1/99	S: Pt c/o nasal congestion x 2 days.		
1165	O: Ambulatory, NAD, A+O x 3 T° 97.2 BP 120/94 Ears: clear Nose: clear drainage Throat: clear Neck: supple chest: clear 5 wheeze or rhonchi Heart: RRR 5.1 A: URT		
0076740	P: ① Beclomethasone nasal spray i-ii puffs each nostril BID # 1 ② Drink plenty of fluid ③ RTZ S/C PRN		
2/1/98 R	Patient Education #5 R/S + PR Given and Understood: R. SKERDA, RPH USP ALLENWOOD		
	J. DeSanto, PA J. DESANTO, PA USP Allenwood		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

ALP

PATIENT'S NAME (Last, First, Middle Initial)

Martin Willu

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

346 89-083

DATE OF BIRTH


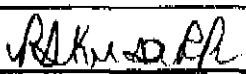
USP Allenwood  
P.O. Box 3500  
White Deer, PA 17887

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FPMR (41 CFR) 201-45.505

NBN 7540-00-634-4178

600-

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
6/19/98	I/M did not show at chronic care clinic.		
1405	P) To be rescheduled.		S. K. Lee SUNG K. LEE, M.D. USP ALLENWOOD
6-25-98	# 400066948	MEDICATION NOT PICKED UP BY INMATE.	
	 Steven E. Brown, Paramedic USP Allenwood		
7/10/98	GENERAL MEDICINE CLINIC		
1040	S) H/o GSW to chest.		
	O) wt. 192 lbs BP 110/70 P 80/m R 16/m T. 97.2 F		
	SAB2: 99%		
	HEENT: unremarkable		
	Neck: No JVD. Papules x scales on Rt. side of neck		
	Lungs: clear		
	Heart: Regular rhythm. No murmur		
	abdomen & Extremities: Normal		
	A) ① Tinea corporis		
	② Normal healthy male: currently not on Elavil.		
	P) ① Miconazole 2% cream #1 tube		
	apply to Rt. side of neck BID		
	② D/c chronic care clinic		
	 SUNG K. LEE, M.D. USP ALLENWOOD		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	USP Allenwood		
PATIENT'S NAME (Last, First, Middle Initial)	Martin, Willie		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPT./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	34689-083		

 USP Allenwood  
 P.O. Box 3500  
 White Deer, PA 17887

CHRONOLOGICAL RECORD OF MEDICAL CARE

 STANDARD FORM 600 (REV. 5-  
 Prescribed by GSA and ICMR  
 FPMR (41 CFR) 201-45.505



DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

7/23/98

In O/O w/ Pick up meds

AS B. M. M. M.

MEDICATION NOT PICKED UP BY INMATE

Steven E. Brown, Paramedic  
USP Allenwood

8/17/98

S: Bm c/c itching, seat thrust and general malaise. Patient also  
c/c cough & green sputum. S x & 1d. Patient states he  
has not seen nasal discharge but not purple.

1345-  
C44-13

V: T = 96.5°F BP: 110/80 P: 76 NAD

HEENT: No lymphadenopathy. Tonsils gland non-palpable. No tenderness  
of glands in posterior. Nose clear & (4) turbinates enlarged. (2)  
tongue enlarged but benign  
lump. Clear in all fields. No wheezes, crackles, or rales.

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80. (2) HTN  
81. (2) HTN  
82. (2) HTN  
83. (2) HTN  
84. (2) HTN  
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91. (2) HTN  
92. (2) HTN  
93. (2) HTN  
94. (2) HTN  
95. (2) HTN  
96. (2) HTN  
97. (2) HTN  
98. (2) HTN  
99. (2) HTN  
100. (2) HTN

USP ALLENWOOD  
R. SKERDA, RPH  
Patient Education  
Given and Understood  
J. P. ANNELL, PA

NSN 7540-00-834-4178

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

## INTAKE SCREENING REPORT

6/2/98

DATE/TIME:

1500

BP-149 "MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT" REVIEWED

(IF NO, WHY NOT):

No - need commit

BP-360 "MEDICAL HISTORY" REVIEWED (DOCUMENT ON BP-360 THAT YOU REVIEWED):

YES

MEDICAL DIAGNOSIS:

CHRONIC CARE CLINIC:

(1) Rx of GSW on back

(CIRCLE YES/NO)

(2)

(3)

(4)

(5)

LAST DOCUMENTED PPD TEST (DOCUMENT DATE, POSITIVE OR NEGATIVE, IF POSITIVE IS THERE EVIDENCE OF TREATMENT; IF NO PRIOR PPD - PPD MUST BE PROVIDED WITHIN TWO WORKING DAYS):

12/97 OMM (-)

MEDICATIONS:

(1) Elavil 25mg Take 1 tablet at 2030 p.m. x 30 days  
(2) (pain control) ? or Depression ?

(3) Naproxen 275mg #30 ÷ PO tid q.

(4) R. SKERDA, RPH  
(5) USP ALLENWOOD

(6)

ALLERGIES: NKA

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

USP Allenwood  
PO Box 3500  
White Deer, PA 17887RECORDS  
MAINTAINED  
AT:

USP ALLENWOOD, WHITE DEER, PA 17887

PATIENT'S NAME (Last, First, Middle Initial)

Martin, Willie

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

34689-083

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-82)  
Prescribed by GSA and ICMR

REVIEWED BY:

Handwritten signature: *Handwritten signature*

RECOMMENDATIONS: needs complete physical, laboratory w/1, clear of, follow up, fly with MD on chronic care clinic

ANY DISABILITY ASSIGNMENTS (SPEECH IMPAIRMENT/HEARING IMPAIRMENT/VISION IMPAIRMENT/MISSING EXTREMITY/NONPARALYTIC ORTHOPAEDIC IMPAIRMENT/PARTIAL PARALYSIS/OTHER PHYSICAL IMPAIRMENT/DISFIGUREMENT):

REVIEWED BY AHSA/HSA/CLINICAL DIRECTOR ON:	b	5/98
--	---	------

REVIEWED BY:

K. McCoy  
MT (ASCP)

REVIEWED BY MEDICAL RECORD DEPARTMENT ON:

85-8-07

ARRIVAL.

RETURN THIS FORM WITH ALL MEDICAL RECORDS INTO THE MEDICAL RECORD DEPARTMENT. THESE FORMS AND MEDICAL RECORDS WILL BE REVIEWED WITHIN ONE WORKING DAY AFTER.

SIGNATURE/BLOCK STAMP: A. Betances PT  
A. BETANCES  
Physician Assistant

DUTY/HOUSING RESTRICTIONS:

IS THERE EVIDENCE OF LICE (IF YES - INMATE MUST BE ISOLATED AND PROPERLY TREATED):

PRESENT SUICIDAL IDEATIONS (IF YES - REQUIRE IMMEDIATE EVALUATION/DOCUMENTATION):

INTAKE SCREENING (Continued)

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE \_\_\_\_\_

## CHEMISTRY

ARTIN, WILLIE FCI 034-68-9083 AGE: 29

5/22/2002PAGE: 1:1

ECKLEY VAMC CLINICAL LAB

## ----CBC PROFILE----

Scale	FBS	FBP	Reference
LOOP	08/15	05/20	
	2001	2002	
	15:20	16:01	Units Ranges
BC	5.7	5.4*	K/cmm 4.8-10.8
DC	4.89	5.39	M/cmm 4.7-6.1
GB	15.4	16.9 H	G/DI.13.5-16.5
CI	45.4	50.9	% 42-52
CV	92.7	94.4 H	FL 80-94
CH	31.5 H	31.3 H	uo 27-31
CHC	34.0	33.2	cm/dL 33-37
HW			% 11.5-14.5
LT	263	262	K/cmm 130-400
EGS			% 40-75
ANDS			% 0-10
YMPHS			% 20-50
OHOS			% 2-12
OS/NO			% 0-3
ASO			% 0-1
LIFE			LO ADO-HI ADO
BC MOR			NORMAL
EURTOX	66.8	54.4	PERCENT 40-75
OSIN %	2.2	3.3	PERCENT 0-5
ASO %	0.4	1.7	PERCENT 0-2
YMPH %	20.7	34.7	PERCENT 20.5-51.1
ONO %	9.9	5.9	PERCENT 2-12
RAN %			PERCENT 42.2-75.2
INFROP			MM/HR 0-10
TEKLE			u/dl NEG
ETIC			% 1.5-1.5
GB RIC			% 4.1-6.5
Comments:	a	b	

## COMMENTS

KEY: "L"-Abnormal low, "H"-Abnormal high, "\*" = Critical value

*DM*  
 D. MCLAIN, D.O. CLINICAL DIRECTOR  
 FCI/FPC BECKLEY

For test: CBC (COMPUTER PROFILE)

DM

For test: CBC (COUNTER PROFILE)

NR/STAT

5-29-02

B-MATH ONLY

ARTIN, WILLIE FCI 034-68-9083 AGE: 29

5/22/2002 PAGE: 4:1

BECKLEY VAMC CLINICAL LAB

## -----CHEM PROFILE-----

Scale	FBP	Reference
LRUM	05/20	
	2002	
	16:01	Units Ranges
GLUCOSE	112.0	mg/dL 65-110
BUN	15	mg/dL 7-20
CREAT	1.1	mg/dL 0.7-1.5
UA	147.0	mg/dL 137-145
	4.8	mmol/L 3.6-5
ALB	105.0	g/L 98-107
CO2	26.0	mmol/L 22-30
CA	9.6	mg/dL 8.4-10.2
CL		mg/dL 2.5-4.6
IG		mg/dL 1.5-2.3
ROTEIN	8.1	g/dL 6.3-8.2
ALBUMIN	4.2	g/dL 3.5-5
ALP	3.9	GMS/DL 2.5-4.5
ALB	1.1	ratio 0.7-2
ALB	0.3	mg/dL 0.2-1.3
ALB	0.3	mg/dL 0-1.4
ALK PHO	83	U/L 38-126
AST	23	U/L 15-46
ALT	26	U/L 11-66
GGT		U/ml 12-58
DBI		U/L 313-618
NI GAP	20.0	mg/L 7-22.9
OSMO C	285	mosm/L 270-300
/CR R	13.1	RATIO 1-20
RO-I		mg/ml 0-2
PK		U/L 55-170
CKI/MB		mg/ml 0-9
ASAT		PERCENT 0-3
MYLASE		U/L 30-110
IPASE		U/L 23-300
TRIC AC		mg/dL 2.5-8.5
KETONE		NEG

Comments: 0

*Dkm*  
 D. MCLAIN, D.O. CLINICAL DIRECTOR  
 FCI/FPC BECKLEY

*5-29-02*

## ----- C O M M E N T S -----

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

For Test: BASIC METABOLIC PANEL  
 NR/SIST  
 For Test: HEPATIC FUNCTION PANEL  
 NR/SIST

EMATOLOGY

WITTEN, WILLIE FCI 034-68-9083 AGE: 28

8/16/2001 PAGE: 1:1

BECKLEY VAMC CLINICAL LAB

## ---CDC PROFILE---

Scale	FBP	Reference
000	03/15	2001
15:20	Units	Ranges
WBC	5.7	K/cmm 4.8-10.8
DC	4.89	M/cmm 4.7-6.1
HZ	15.4	G/DL 13.5-16.5
BT	45.4	% 42-52
CV	92.7	FL 80-94
DN	31.5 M	pg 27-31
MDC	34.0	gm/dL 33-37
RE		% 11.5-14.5
LT	263	K/cmm 130-400
SS		% 40-75
IND		% 0-10
MPHS		% 20-50
PNOS		% 2-12
PSINO		% 0-3
ISO		% 0-1
LT E		LO ADD-HI ADD
IC MOR		NORMAL
URTO%	56.8	PERCENT 40-75
PSIN %	2.2	PERCENT 0-5
ISO %	0.4	PERCENT 0-2
MPH %	20.7	PERCENT 20.5-51.1
INO %	9.9	PERCENT 2-12
IAN %		PERCENT 42.2-75.2
ENTROR		MM/HR 0-10
CKLF		g/dl NEG
ETIC		% 1.5-1.5
EB RIC		% 4.1-6.5

Comments: a

## ----- COMMENTS -----

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

For Test: CBC (COULTER PROFILE)

EM

*D.M.*  
 D. McLAIN D.O., CLINICAL DIRECTOR  
 FCI/FPC BECKLEY  
 BEAVER, WV

8-17-01

## MEDICAL RECORD

## RADIOLOGIC CONSULTATION REQUESTS/REPORTS

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

NSN 7540-00-834-4182

PATIENT IDENTIFICATION (For typed or written entries give:  
Name — last, first, middle, Medical Facility)

MARTIN

Willie

DOB 11/12/72

AGE SEX SSN (Sponsor)

26 M

WARD/CLINIC

REGISTER NO.

519-218

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

Chest PA

REQUESTED BY

Deven Chanmugam, M.D.

TELEPHONE NO.

LOCATION OF MEDICAL RECORDS

USP ALW

FILM NO.

052599-12

DATE REQUESTED

5/12/99

PREGNANT

☐ YES☐ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

hx g GSW (R) chest ? TB in thoracic cage

DATE OF EXAMINATION (Month, day, year)

5/12/99

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

Chest: The patient has a gunshot wound. The bullet lies within the left axilla. The lung fields are aerated and free of active infiltrate.

IMPRESSION: NO ACTIVE PULMONARY PROCESS. PREVIOUS GUNSHOT WOUND.

d & t: June 7, 1999  
abs

Maurice H. Rowell, Jr., M.D.

Deven Chanmugam, M.D.

SIGNATURE

LOCATION OF RADIOLOGIC FACILITY

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

\*U.S. GOVERNMENT PRINTING OFFICE: 1993-349-094

STANDARD FORM 519-A (REV. 8-83)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-45.505

NSN 7540-00-834-4182

5400

JUL 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Patient Identification Name, Register Number, Institution <b>Martin, Willie</b> <b>34689-083</b> <b>Federal Correctional Institute</b> <b>I.C. Box 1280</b> <b>Beaver, WV 25813</b>	Age <b>30</b>	Sex <b>M</b>	Examination Requested <b>CXR</b>
	Pregnant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit
	Requested by <b>N. REHBERG, D.O.</b> <b>STAFF PHYSICIAN</b>		Date Requested <b>11-13-02</b>
Specific reason(s) for request (complaints and findings) <b>A+0</b>			
Date of Examination <b>11-13-02</b>	Date of Report	Date of Transcription <b>11/20/02</b>	Film#

Radiologic Report

## CHEST:

One view of the chest demonstrates clear lung fields. The hilar and mediastinal shadows, cardiac silhouette, and visible osseous structures are unremarkable. The diaphragmatic contours are smooth. The costophrenic angles are sharp.

IMPRESSION: Normal chest. Two bullets are noted.

*DM*  
D. McLAIN D.O., CLINICAL DIRECTOR  
FCI / FPC BECKLEY  
BEAVER, WV

*12-6-02*

Signature <b>Franklin B. Grossman, M.D.</b>	Location of Radiologic Facility
--	---------------------------------

Original - Medical Record; Copy - Physician; Copy - Radiology  
(This form may be replicated via WP)

This form replaces BP-S622 dtd AUG 96



Printed on Recycled Paper



Patient Identification Name, Register Number, Institution	Age <u>28</u>	Sex <u>M</u>	Examination Requested  <u>CXR</u>
<u>Martin Willie</u> <u>34689-083</u>	Pregnant <u>Yes</u> <u>No</u>		
	Diabetic <u>Yes</u> <u>No</u>		Unit
<u>Federal Correctional Institution</u> <u>P.O. Box 1200</u>	Requested by <u>Melain</u>	Date Requested <u>8-15-01</u>	
Specific Reason(s) for request (complaints and findings)  <u>A+O</u>			
Date of Examination <u>8-15-01</u>	Date of Report	Date of Transcription <u>9/5/01</u>	Film#

## Radiologic Report

## CHEST:

One view of the chest demonstrates clear lung fields. The hilar and mediastinal shadows, cardiac silhouette, and visible osseous structures are unremarkable. The diaphragmatic contours are smooth. The costophrenic angles are sharp.

IMPRESSION: Normal chest.

Signature <u>Franklin B. Grosman, M.D.</u>	Location of Radiologic Facility
--	---------------------------------

Original - Medical Record; Copy - Physician; Copy - Radiology  
(This form may be replicated via WP)

This form replaces BP-S622 dtd  
N. REHBERG, D.O.  
STAFF PHYSICIAN  
FCI/FPC BECKLEY, WV



Printed on Recycled Paper

9-28-01  
1006

Ord.Date 02/14/03 Exp.Date 02/14/03	MARTIN, WILLIE 34688-083 DRINK 2 CARTONS THREE TIMES DAILY FOR 7 DAYS	N. REHBERG (O)Refills	Ord.Date 06/08/03 Exp.Date 06/08/03	MARTIN, WILLIE 34688-083 TAKE ONE TABLET TWICE DAILY AS NEEDED	N. REHBERG (O)Refills
Rx # 1008428	RESOURCE DIABETIC DRINK LIQ	#21	Rx # 1013505	GUAIFENESIN/DEXTROMETHORPHAN 600/30	#10
Ord.Date 02/14/03 Exp.Date 03/18/03	MARTIN, WILLIE 34688-083 TAKE 20CC FOUR TIMES DAILY	J. HALEY (O)Refills	Ord.Date 06/08/03 Exp.Date 06/19/03	MARTIN, WILLIE 34688-083 TAKE TWO TABLETS FOUR TIMES DAILY AS NEEDED	N. REHBERG (O)Refills
Rx # 1008428	IBUPROFEN SUSPENSION 20 MG/ML ML	#1	Rx # 1013508	ACETAMINOPHEN 500 MG CAP	#24
Ord.Date 02/20/03 Exp.Date 02/23/03	MARTIN, WILLIE 34688-083 TAKE TWO TABLETS THREE TIMES DAILY AS NEEDED	D. MCCLAIN (O)Refills	Ord.Date 06/08/03 Exp.Date 06/19/03	MARTIN, WILLIE 34688-083 TAKE ONE TABLET 3 TIMES A DAY AS NEEDED	N. REHBERG (O)Refills
Rx # 1008587	ACETAMINOPHEN/CODEINE 300MG/30MG TAB	#18	Rx # 1013507	CHLORPHENIRAMINE MALEATE	#15
Ord.Date 02/26/03 Exp.Date 03/12/03	MARTIN, WILLIE 34688-083 DRINK 1 BOX THREE TIMES DAILY FOR 2 WEEKS	S. ROSE (O)Refills	Ord.Date 06/08/03 Exp.Date 06/19/03	MARTIN, WILLIE 34688-083 USE AS DIRECTED ON BOTTLE	N. REHBERG (O)Refills
Rx # 1009028	RESOURCE DIABETIC DRINK LIQ	#42	Rx # 1013508	SODIUM CHLORIDE NASAL 0.65% ML	#1
Ord.Date 02/28/03 Exp.Date 03/12/03	MARTIN, WILLIE 34688-083 TAKE 3 TEASPOONS THREE TIMES DAILY AS NEEDED	S. ROSE (O)Refills	Ord.Date 06/12/03 Exp.Date 06/19/03	MARTIN, WILLIE 34688-083 TAKE ONE TABLET TWICE DAILY	J. KOBY (O)Refills
Rx # 1009027	ACETAMINOPHEN 32 MG/ML SOL	#800	Rx # 1013855	ACTIFED 60MG	#10
Ord.Date 02/28/03 Exp.Date 03/04/03	MARTIN, WILLIE 34688-083 TAKE TWO CAPSULES THREE TIMES DAILY FOR 10 DAYS	S. ROSE (O)Refills	Ord.Date 06/12/03 Exp.Date 06/27/03	MARTIN, WILLIE 34688-083 TAKE 2 TABLETS EVERY 6 HOURS AS NEEDED	J. KOBY (O)Refills
Rx # 1009026	CLINDAMYCIN 150 MG CAP	#80	Rx # 1013856	ACETAMINOPHEN 500 MG CAP	#24
Ord.Date 02/28/03 Exp.Date 03/04/03	MARTIN, WILLIE 34688-083 GIVE 4ML FOUR TIMES DAILY FOR 10 DAYS	J. HALEY (O)Refills	Ord.Date 06/28/03 Exp.Date 06/27/03	MARTIN, WILLIE 34688-083 TAKE ONE OR TWO TABLETS THREE TIMES DAILY	J. KOBY (O)Refills
Rx # 108224	CLINDAMYCIN 75MG/ML SUS	#1	Rx # 1014762	IBUPROFEN 400 MG TAB	#20
Ord.Date 07/03/03 Exp.Date 07/14/03	MARTIN, WILLIE 34688-083 TAKE ONE TABLET TWICE DAILY AFTER MEALS	A. BLANKENSHIP (O)Refills	Ord.Date 05/28/03 Exp.Date 06/02/03	MARTIN, WILLIE 34688-083 TAKE ONE TABLET TWICE DAILY	J. KOBY (O)Refills
Rx # 08742	IBUPROFEN 800 MG TAB	#14	Rx # 1014761	TRIPROLINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB	#10
Ord.Date 07/11/03 Exp.Date 08/04/03	MARTIN, WILLIE 34688-083 TAKE TWO CAPSULES THREE TIMES DAILY	A. BLANKENSHIP (O)Refills	Ord.Date 07/15/03 Exp.Date 07/21/03	MARTIN, WILLIE 34688-083 TAKE ONE TABLET TWICE DAILY WITH FOOD	S. HUGHES (O)Refills
Rx # 11864	CLINDAMYCIN 150 MG CAP	#80	Rx # 1017488	IBUPROFEN 800 MG TAB	#10
Ord.Date 07/11/03 Exp.Date 08/11/03	MARTIN, WILLIE 34688-083 TAKE ONE TABLET TWICE DAILY WITH FOOD	A. BLANKENSHIP (O)Refills	Ord.Date 07/15/03 Exp.Date 07/19/03	MARTIN, WILLIE 34688-083 TAKE ONE CAPSULE FOUR TIMES DAILY	S. HUGHES (O)Refills
Rx # 011885	NAPROXEN 500 MG TAB	#60	Rx # 1017480	CLINDAMYCIN 150 MG CAP	#12
Ord.Date 04/21/03 Exp.Date 04/28/03	MARTIN, WILLIE 34688-083 TAKE ONE TABLET 3 TIMES A DAY AS NEEDED	K. KAISER (O)Refills			
Rx # 1012516	ACETAMINOPHEN 500 MG CAP	#21			

Martin Willie  
34688-083

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400116105 S. TAYLOR 10/09/01  
MARTIN, WILLIE J. FCI 61862-061  
TAKE 1 TABLET 3 TIMES A DAY AS NEEDED WITH FOOD  
AS NEEDED

IBUPROFEN 400 MG TABLET #30  
JZ 0 REFILL(S) EXPIRES 11/08/01

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400116106 D. DANIEL 10/09/01  
MARTIN, WILLIE J. FCI 61862-061  
DRINK ENTIRE CONTENTS IMMEDIATELY

MAGNESIUM CITRATE ORAL SOLUTION #187L  
JZ 0 REFILL(S) EXPIRES 10/10/01

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400116754 K. BRYANT 10/16/01  
MARTIN, WILLIE J. FCI 61862-061  
TAKE 1 TABLET TWICE A DAY WITH FOOD FOR 10 DAYS

IBUPROFEN 500 MG TABLET #30  
JZ 0 REFILL(S) EXPIRES 11/15/01

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400120321 S. TAYLOR 12/03/01  
MARTIN, WILLIE J. FCI 61862-061  
INSTILL ONE DROP IN THE RIGHT EYE 4 TIMES A DAY  
FOR 5 DAYS

BOLFACTAMIDE SODIUM 10% OPHTHALMIC S #1  
JZ 0 REFILL(S) EXPIRES 12/17/01

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400127072 S. TAYLOR 03/12/02  
MARTIN, WILLIE J. FCI 34689-083  
TAKE ONE TABLET TWICE A DAY AS NEEDED WITH FOOD

IBUPROFEN 800 MG TABLET #40  
JZ 0 REFILL(S) EXPIRES 04/11/02

FCI/FPC BECKLEY

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400120320 S. TAYLOR 12/03/01  
MARTIN, WILLIE J. FCI 61862-061  
TAKE ONE CAPSULE TWICE A DAY FOR 10 DAYS

DOXYCYCLINE HYCLATE 100 MG CAPSULE #20  
JZ 0 REFILL(S) EXPIRES 12/13/01

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400120555 S. TAYLOR 12/06/01  
MARTIN, WILLIE J. FCI 34689-083  
APPLY TO BOTH EYES TWICE A DAY

NEO & POLY B & BAC TOPICAL OINTMENT #1  
JZ 0 REFILL(S) EXPIRES 12/20/01

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400120756 S. TAYLOR 12/10/01  
MARTIN, WILLIE J. FCI 34689-083  
TAKE 1 TABLET WITH FOOD TWICE A DAY AS NEEDED  
FOR PAIN RELIEF

IBUPROFEN 800 MG TABLET #40  
JZ 0 REFILL(S) EXPIRES 01/09/02

Pharmacy Services  
FCI BECKLEY, WV 25813 304-255-7731

RX400127071 S. TAYLOR 03/12/02  
MARTIN, WILLIE J. FCI 34689-083  
APPLY TO FEET TWICE A DAY

CLOTRIMAZOLE 1% TOPICAL CREAM #1  
JZ 1 REFILL(S) EXPIRES 04/09/02

## USP ALLENWOOD

## Medication Profile

Pharmacy Services

USP ALLENWOOD, PA 17887

717-547-0963

Pharmacy Services

SP ALLENWOOD, PA 17887

717-547-0963

RX400066940 A. BETANCES 06/02/98  
 RTIN, WILLIE 34689-083  
 TAKE 1 TABLET 3 TIMES A DAY WITH FOOD AS NEEDED  
 R PAIN

PROXEN SODIUM 275 MG TABLET \$30  
 0 REFILLS EXPIRES 07/02/98

Pharmacy Services

USP ALLENWOOD, PA 17887

717-547-0963

RX400066947 A. BETANCES 06/02/98  
 MARTIN, WILLIE 34689-083  
 TAKE 1 TABLET BY MOUTH EVERY DAY @ 20:30 PILL  
 LINE

AMITRIPTYLINE HCL 25 MG TABLET \$30  
 RS 0 REFILLS EXPIRES 07/02/98

Pharmacy Services

SP ALLENWOOD, PA 17887

717-547-0963

RX400068497 Dr. S. LEE 07/10/98  
 RTIN, WILLIE 34689-083  
 APPLY SMALL AMOUNT TO AFFECTED AREA OF RIGHT  
 COE OF NECK TWICE A DAY -KEEP AREA CLEAN & DRY  
 MEDICATION NOT PICKED  
 UP BY PATIENT

CONAZOLE 2% CR. 10Z. \$1TUBE  
 0 REFILLS EXPIRES 08/09/98

Pharmacy Services

SP ALLENWOOD, PA 17887

717-547-0963

RX400069886 J. PANNELL 08/17/98  
 ARTIN, WILLIE 34689-083  
 TAKE 1 TABLET BY MOUTH EVERY 4 HOUR AS NEEDED  
 \*MAY CAUSE DROWSINESS\*\*

HLORPHENIRAMINE MALEATE 4 MG TABLET \$30  
 S 0 REFILLS EXPIRES 09/16/98

Pharmacy Services

SP ALLENWOOD, PA 17887

717-547-0963

RX400069887 J. PANNELL 08/17/98  
 ARTIN, WILLIE 34689-083  
 TAKE 2 TABLETS EVERY 6 HOURS AS NEEDED

CETAMINOPHEN 325 MG TABLET \$24  
 S 0 REFILLS EXPIRES 09/16/98

RX400094663 C. FRIMPONG 05/15/00  
 MARTIN, WILLIE 34689-083

APPLY SMALL AMOUNT TO AFFECTED AREA OF NECK  
 TWICE A DAY \*APPLY SPARINGLY! MUST LAST AT  
 LEAST 21 DAYS!!!\*

BETAMETHASONE VALERATE 0.1% LOTION \$60ML  
 RS 1 REFILLS EXPIRES 07/14/00  
 RX400094200 J. DESANTO 05/02/00  
 MARTIN, WILLIE 34689-083

APPLY SMALL AMOUNT TO AFFECTED AREA ON NECK  
 TWICE A DAY \*SHU\*

BETAMETHASONE VALERATE 0.1% LOTION \$60ML  
 RG 0 REFILLS EXPIRES 06/01/00

RX400093704 J. DESANTO 04/21/00  
 MARTIN, WILLIE 34689-083  
 TAKE 2 TABLETS AT BEDTIME WITH LOTS OF WATER AS  
 NEEDED FOR CONSTIPATION \*SHU\*

BISACODYL 5 MG EC TABLET \$6  
 RS 0 REFILLS EXPIRES 05/21/00

RX400090366 A. BETANCES 01/31/00  
 MARTIN, WILLIE 34689-083  
 TAKE 1 TABLET BY MOUTH EVERY 12 HOURS WITH  
 PLENTY OF WATER FOR COUGH

GUAFENESING 600MG/DM30MG TABLETS \$12  
 RS 0 REFILLS EXPIRES 02/06/00

RX400090367 A. BETANCES 01/31/00  
 MARTIN, WILLIE 34689-083  
 TAKE 1 TABLET 3 TIMES A DAY FOR 5 DAYS WITH  
 PLENTY OF WATER

TRIPOLIDINE/PSEUDOEPHEDRINE \$15  
 RS 0 REFILLS EXPIRES 02/05/00

RX400086391 D. INCH 10/14/99  
 MARTIN, WILLIE 34689-083  
 APPLY SMALL AMOUNT TO AFFECTED AREA OF LIP  
 TWICE A DAY

NEO & POLY B & BAC TOPICAL OINT \$5PCK  
 RS 0 REFILLS EXPIRES 11/11/99

RX400076740 J. DESANTO 02/01/99  
 MARTIN, WILLIE 34689-083  
 USE 1-2 PUFFS IN EACH NOSTRIL TWICE A DAY

BECLOMETHASONE NASAL AEROSOL, 16.8 GM \$1  
 RS 0 REFILLS EXPIRES 03/03/99

Ord. Date  
 12/08/02

MARTIN, WILLIE  
 34689-083

TAKE ONE CAPSULE TWICE DAILY

Rx #

1004080

Ord. Date  
 12/08/02

DIPHENHYDRAMINE 25 MG CAP  
 MARTIN, WILLIE  
 34689-083

APPLY TO AFFECTED AREA TWICE DAILY (NOT ON  
 FEET)

Rx #  
 1004070

HYDROCORTISONE CREAM 1% GM

Ord. Date MARTIN, WILLIE  
 07/07/00 34689-083

APPLY SPARINGLY TO THE AFFECTED  
 AREAS OF FOR NECK TWICE DAILY

Rx #  
 1579

BETAMETHASONE VAL 0.1% LO \$ 60

RX400095987 D. INCH 06/16  
 MARTIN, WILLIE 34689-  
 TAKE 1 TABLET BY MOUTH 3 TIMES A DAY FOR 10  
 DAYS

PENICILLIN VK 250 MG TABLET \$30  
 RK 0 REFILLS EXPIRES 07/16/

Pharmacy Services

USP ALLENWOOD, PA 17887

717-547-0

RX400095986 D. INCH 06/16  
 MARTIN, WILLIE 34689-

APPLY TO THE BACK OF THE HEAD TWICE A DAY -  
 KEEP THE AREA CLEAN AND DRY.

BETAMETHASONE VALERATE 0.1% LOTION \$60ml  
 RK 0 REFILLS EXPIRES 07/16/

RECOMMENDED MONITORING DURING LONG-TERM USE OF MEDICATIONS. BASELINE MEASUREMENTS SHOULD BE DETERMINED AT THE ONSET OF THERAPY. TESTING FREQUENCY SHOULD INITIALLY OCCUR MORE FREQUENTLY (LOW END OF RANGE) BECOMING MORE INFREQUENT AFTER ESTABLISHING DRUG EFFICACY AND TOLERANCE.

<u>MEDICATION</u>	<u>MONITOR PROCEDURE/TEST</u>	<u>RECOMMENDED TEST FREQUENCY</u>	<u>MEDICATION</u>	<u>MONITOR PROCEDURE/TEST</u>	<u>RECOMMENDED TEST FREQUENCY</u>
ALLOPURINOL	CHEM PROFILE CBC	3-12 MONTHS 3-12 MONTHS	LOVASTATIN	LFT	4-6 WEEKS FOR MONTHS OF THER.
AZATHIOPRINE	CBC	WEEKLY X 1 MONTH BIWEEKLY X 1 MONTH THEN MONTHLY	MAXZIDE	ELECTROLYTES	3-12 MONTHS
CARBAMAZEPINE	CBC, PLT, RETIC LFT TDM	1-6 MONTHS 3-6 MONTHS 3-6 MONTHS	NSAIDS	CHEM PROFILE	3-12 MONTHS
DIGOXIN	RENAL (WITH ELECTROLYTES) TDM	3 MONTHS 3 MONTHS	PHENOTHIAZINES	CBC	3-6 MONTHS
ENALAPRIL	POTASSIUM	3-12 MONTHS	PHENYTOIN	TDM	3-6 MONTHS
ETHAMBUTOL	VISUAL ACUITY	3 MONTHS	PREDNISONE	BLOOD PRESSURE IOP POTASSIUM	3 MONTHS 6 MONTHS 3-12 MONTHS
FUROSEMIDE	ELECTROLYTES	3-12 MONTHS	PRIMIDONE	CBC	6 MONTHS
SEMFIBROZIL	LFT	1ST TIME 3-6 MONTHS THEN YEARLY	RIFAMPIN	CBC LFT	3 MONTHS 3 MONTHS
GRISEOFULVIN	CHEM PROFILE CBC	3 MONTHS 3 MONTHS	SULFONAMIDES	CBC RENAL PROFILE URINALYSIS	MONTHLY MONTHLY MONTHLY
HCTZ	ELECTROLYTES	3-12 MONTHS	THEOPHYLLINE	TDM	3-12 MONTHS
ISONIAZID	LFT	3 MONTHS	VERAPAMIL	LFT	3-12 MONTHS
KETOCONAZOLE	LFT	EVERY 2 WEEKS X 2 MONTHS THEN MONTHLY	WARFARIN	PT/PTT  CBC CHEM PROFILE	DAILY UNTIL STABLE THEN MONTHLY 3 MONTHS 3 MONTHS
LEVOTHYROXINE	THYROID PROFILE (WITH TSH-ULTRA)	3-12 MONTHS	ZIDOVUDINE	CBC	MONTHLY
LITHIUM	TDM THYROID PROFILE RENAL	1-3 MONTHS 3-6 MONTHS 3-6 MONTHS			

LFT = LIVER FUNCTION TESTING (HEPATIC PROFILE)  
RENAL = RENAL PROFILE (BUN, CREATININE, ELECTROLYTES)  
TDM = THERAPEUTIC DRUG MONITORING (DRUG LEVEL)  
IOP = INTRAOCULAR PRESSURE (TONOMETRY) MEASUREMENT

CBC = COMPLETE BLOOD COUNT (INCLUDING PLATELETS)  
PT/PTT = PROTHROMBIN TIME & PARTIAL THROMBOPLASTIN TIME  
CHEM PROFILE = INCLUDES RENAL AND HEPATIC PROFILES  
HCTZ = HYDROCHLOROTHIAZIDE

Pharmacy Services  
PCI BECKLEY, WV 25813 304-255-7731

RX400126181 S. TAYLOR 02/28/02  
MARTIN, WILLIE FCI 34689-083  
APPLY SMALL AMOUNT TO APPLY TO AFFECTED AREA  
TWICE WEEKLY. LET STAND FOR 5 MINUTES BEFORE  
RINSING OFF.

*SHU*  
Selenium Sulfide 2.5% Lotion, 120 ML #1  
JFZ 0 REFILL(S) EXPIRES 03/30/02

Pharmacy Services  
PCI BECKLEY, WV 25813 304-255-7731

RX400126624 S. TAYLOR 03/06/02  
MARTIN, WILLIE FCI 34689-083  
APPLY TWICE A DAY AS DIRECTED

*SHU*  
A/D Ointment #15  
JFZ 0 REFILL(S) EXPIRES 04/05/02

Pharmacy Services  
PCI BECKLEY, WV 25813 304-255-7731

RX400127739 S. TAYLOR 03/21/02  
MARTIN, WILLIE FCI 34689-083  
APPLY TO AREA AS DIRECTED TWICE A DAY

*SHU*  
NEO & POLY B & BAC TOPICAL Ointment #1  
JFZ 0 REFILL(S) EXPIRES 04/20/02

Pharmacy Services  
PCI BECKLEY, WV 25813 304-255-7731

RX400128955 S. TAYLOR 04/08/02  
MARTIN, WILLIE FCI 34689-083  
TAKE 1 TABLET WITH FOOD TWICE A DAY AS NEEDED

*SHU*  
IBUPROFEN 800 MG TABLET #40  
JFZ 0 REFILL(S) EXPIRES 05/08/02

Pharmacy Services  
PCI BECKLEY, WV 25813 304-255-7731

RX400132954 N. RENBERG 06/04/02  
MARTIN, WILLIE FCI 34689-083  
TAKE 1 CAPSULE TWICE A DAY

*SHU*  
DOXYCYCLINE HYCLATE 100 MG CAPSULE #28  
JFZ 0 REFILL(S) EXPIRES 06/18/02

Pharmacy Services  
PCI BECKLEY, WV 25813 304-255-7731

RX400126180 S. TAYLOR 02/28/02  
MARTIN, WILLIE FCI 34689-083  
TAKE ONE CAPSULE TWICE A DAY FOR 14 DAYS

*SHU*  
DOXYCYCLINE HYCLATE 100 MG CAPSULE #28  
JFZ 0 REFILL(S) EXPIRES 03/14/02

Pharmacy Services  
PCI BECKLEY, WV 25813 304-255-7731

RX400127450 S. TAYLOR 03/18/02  
MARTIN, WILLIE FCI 34689-083  
APPLY TO FEET TWICE A DAY

*SHU*  
KETOCONAZOLE 2% TOPICAL CREAM #1  
JFZ 1 REFILL(S) EXPIRES 04/15/02

Pharmacy Services  
PCI BECKLEY, WV 25813 304-255-7731

RX400128266 S. TAYLOR 03/28/02  
MARTIN, WILLIE J. FCI 61862-061  
APPLY TO FEET TWICE A DAY

*SHU*  
VITAMIN A & D Ointment #1 TUBE  
JFZ 0 REFILL(S) EXPIRES 04/27/02

Pharmacy Services  
PCI BECKLEY, WV 25813 *SHU* 304-255-7731

RX400131893 N. RENBERG 05/20/02  
MARTIN, WILLIE J. FCI 61862-061  
TAKE 1 TABLET TWICE A DAY FOR 10 DAYS [ON PILL  
LINE]

*SHU*  
CIPROFLOXACIN HCL 500 MG TABLET #20  
JFZ 0 REFILL(S) EXPIRES 05/30/02

Ord. Date 12/08/02  
Rx # 1004081  
MARTIN, WILLIE FCI 34689-083  
S. ROSE  
APPLY TO AFFECTED AREA TWO TIMES A DAY (ON  
FEET)

Ord. Date 01/31/03  
Rx # 1007479  
CLOTRIMAZOLE 1% CRM  
MARTIN, WILLIE FCI 34689-083  
K. KAISER  
TAKE ONE TABLET 3 TIMES A DAY AFTER MEALS

IBUPROFEN 800 MG TAB #21

BP-5619.060 IMMUNIZATION RECORD CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

## TETANUS TOXOIDS

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ROUTE	PROVIDER	INSTITUTION

## TUBERCULIN TESTS

DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ROUTE	PROVIDER/INSTITUTION	DATE READ	RESULTS (MM)	READ BY
Refer to Form USM 553 dated 8/2/01						J. Griffith	6/2/01	0 mm	
4/11/02	Parkdale	000601P	10/02	RFA	0.1cc ID	Contract Med. Asst. FCI/FPC Beckley	6/13/02	2 mm	M. Quers
5/13/03	Parkdale	00533P	9/03	RFA	0.1cc ID	FCI/FPC Beckley	5/15/03	0 mm	J. Griffith
6-3-03	Parkdale	00833P	09/03	RFA	0.1cc ID	S. Smith FCI/FPC Beckley	6/5/03	0 mm	J. Griffith

(This form may be replicated via WP)

MARTIN

WILLIE

34689-083

B/M/O/11-12-1972

HT/503 WT/190

HR/BK

EY/BN

CUSTODY/IN

## ORAL POLIOVIRUS VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

## INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

## OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	PHYSICIAN'S NAME		DATE	TYPE	DOSE	PHYSICIAN'S NAME
1					5				
2					6				
3					7				
4					8				

## SENSITIVITY TESTS (Tuberculin, etc.)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	12/97				0 mm	Richmond Jail
2	2/5/99	PPD	0.1 cc	IO	2 mm	Steven E. Brown, Paramedic USP Allenwood
3	2-17-00	PPD	0.1	IO	0 mm	K Dewald
4						
5						

REMARKS:



NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL	NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated)
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		<input checked="" type="checkbox"/>	P. TESTICULAR
<input checked="" type="checkbox"/>	C. DRUMS (Perforation)		<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemoccult Results)
<input checked="" type="checkbox"/>	D. NOSE		<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	E. SINUSES		<input checked="" type="checkbox"/>	S. G-U SYSTEM
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT		<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		<input checked="" type="checkbox"/>	U. FEET
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC		<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)		<input checked="" type="checkbox"/>	W. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS
				CC. PELVIC (Females only)

### Tattoo's Identified

[illegible]

A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

STANDARD FORM 88 (Rev. 10-94) BACK

U.S. Government Printing Office: 1987 - 418-149/40084

NAME		Martin, Willie		IDENTIFICATION NUMBER		34689-083		NO. OF SHEETS ATTACHED	
MEASUREMENTS AND OTHER FINDINGS									
21. WEIGHT		22. COLOR HAIR		23. COLOR EYES		24. BUILD		25. TEMPERATURE	
5'3"		Black		Brown		Slender		97.5	
26. BLOOD PRESSURE (Arm at heart level)		27. PULSE (Arm at heart level)		28. DISTANT VISION		29. REFRACTION		30. NEAR VISION	
A. SYS. 177 B. RECUM. 85 C. STANDING 73		A. STING 73		B. RECUM. 85 C. STANDING 73		D. AFTER EXERCISE E. 2 MINS. AFTER		CORR. TO 20/	
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Martin, Willie  
34689-083

PCI Beckley  
Beaver, WV 25813

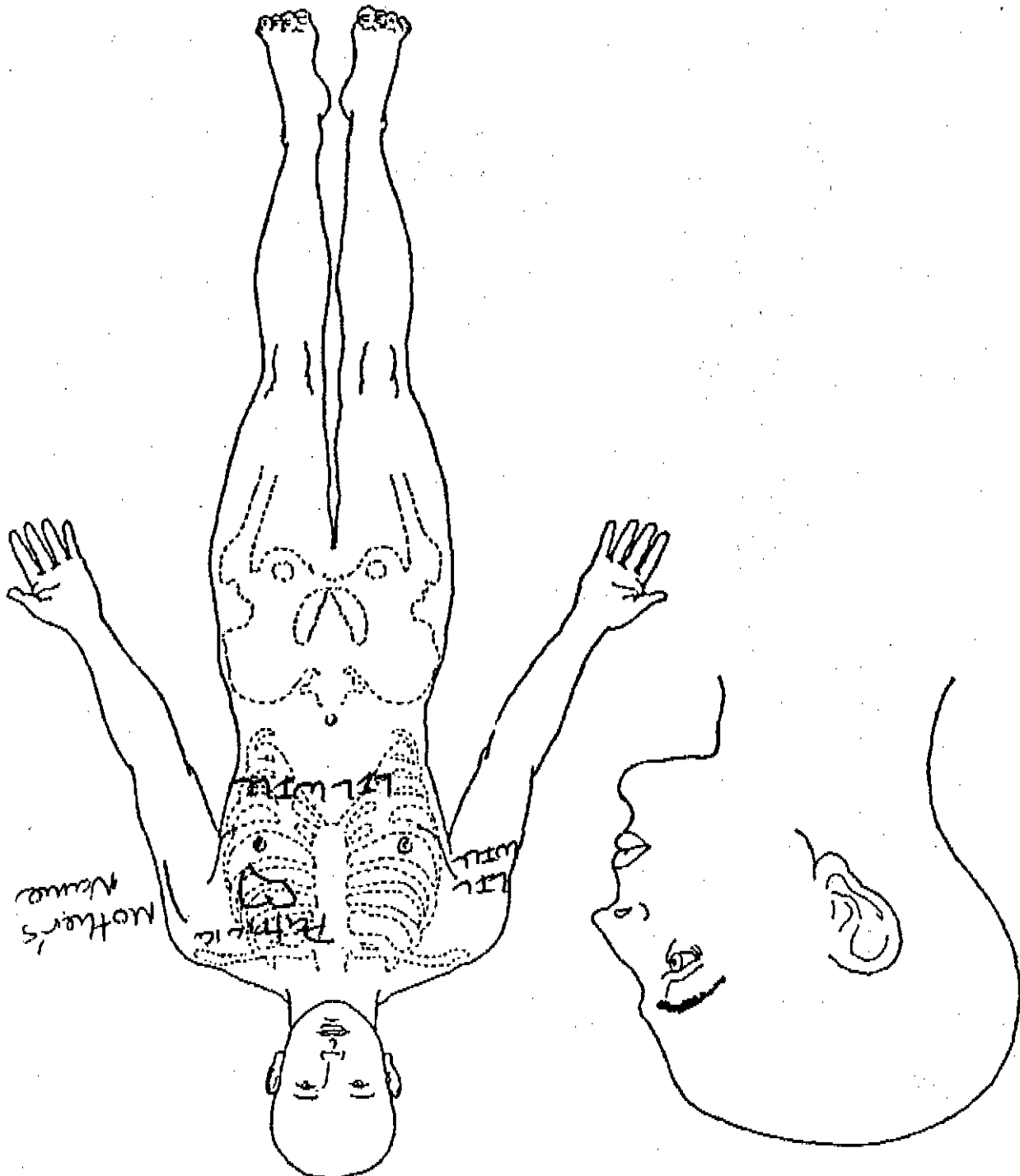
STANDARD FORM 531 (Rev. 4-91)  
Prescribed by GSA/ICAM, FPMR (41 CFR) 201-9

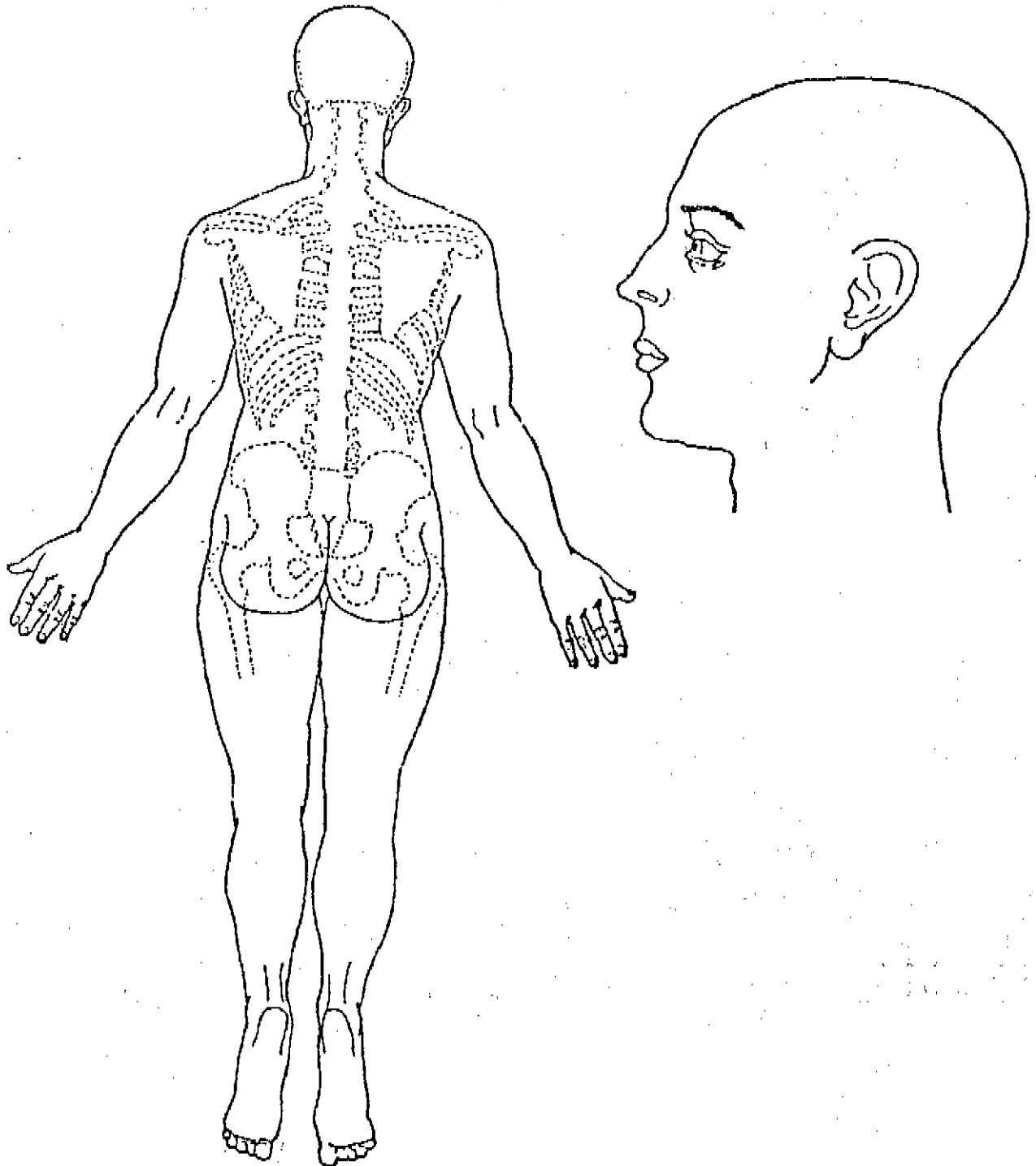
ANATOMICAL FIGURE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade;  
rank; rate; hospital or medical facility.)

REGISTER NO.

WARD NO.





MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM 8/15
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Martin, Willie</i>		2. IDENTIFICATION NUMBER <i>34689-083</i>		3. GRADE AND COMPONENT OR PO
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code)		5. EMERGENCY CONTACT (Name and address of contact) <i>1616 N 31st St. Churchill VA 23223 804-567-4999</i>		
6. DATE OF BIRTH <i>11-12-72</i>	7. AGE <i>28</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT <i>Mother - Ofelia Martin</i>
10. PLACE OF BIRTH <i>Richmond Va</i>		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>Department of Justice</i>		12b. ORGANIZATION UNIT <i>Federal Bureau of Prisons</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>Federal Correctional Institution Beckley, West Virginia P. O. Box 1280 Beaver, WV 25813</i>		15. RATING OR SPECIALTY OF EXAMINER <i>E. ROMERO, PA FCI / FPC BECKLEY BEAVER, WV</i>		
16. PURPOSE OF EXAMINATION <i>Intake / Biannual / Annual</i>				

## 17. CLINICAL EVALUATION

NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR MAL	NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated)
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P. TESTICULAR
<input checked="" type="checkbox"/>	C. DRUMS (Perforation)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)
<input checked="" type="checkbox"/>	D. NOSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	E. SINUSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	S. G.U. SYSTEM
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	U. FEET
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	W. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BB. BREASTS
<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CC. PELVIC (Females only)

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

⑤ See TSP 531

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																														
<table border="0"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>Restorable</td><td>1</td><td>2</td><td>3</td><td>Non-restorable</td><td>1</td><td>2</td><td>3</td><td>Missing</td><td>X</td><td>X</td><td>X</td><td>Replaced by</td><td>1</td><td>2</td><td>3</td><td>Fixed Partial</td> </tr> <tr> <td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Dentures</td><td>32</td><td>31</td><td>30</td><td>Dentures</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		0	1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	X	X	X	Replaced by	1	2	3	Fixed Partial	32	31	30	Teeth	32	31	30	Teeth	32	31	30	Teeth	32	31	30	Dentures	32	31	30	Dentures																						
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																F																																																																

## 19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR EPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC	<i>6/2/01</i> <i>0mm</i>	
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

STANDARD FORM 88 (Rev. 10-94) BACK

U.S. Government Printing Office: 1997 - 418-148/40094

48. TYPED OR PRINTED NAME OF PHYSICIAN		E. ROMERO, PA		SIGNATURE			
49. TYPED OR PRINTED NAME OF PHYSICIAN		FCI/FPC BECKLEY		SIGNATURE			
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN		D. McLANE, D.O., CLINICAL DIRECTOR		SIGNATURE			
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		BEAVER, WV		SIGNATURE			

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)									
45A. PHYSICAL PROFILE		<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> </table>		P	U	L	H	E	S
P	U	L	H	E	S				
45B. PHYSICAL CATEGORY		<table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>E</td> </tr> </table>		A	B	C	E		
A	B	C	E						
46. EXAMINEE (Check)		<input checked="" type="checkbox"/> A IS QUALIFIED FOR <input type="checkbox"/> B IS NOT QUALIFIED FOR							
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		Def duty of f/s							

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)  
 (Use additional sheets if necessary)

— Grounded by Health Unit  
 — No known drug allergy

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Parents still alive & well  
 Daughter still alive & well  
 Daughter still alive & well

32. ACCOMMODATION		RIGHT 0.00 LEFT 0.00																	
33. COLOR VISION (Test used and result)		Ishihara 100																	
34. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																	
35. FIELD OF VISION		UNCORRECTED																	
36. NIGHT VISION (Test used and score)		Ishihara 100																	
37. RED LENS TEST		CORRECTED																	
38. INTRAOCULAR TENSION		RIGHT LEFT																	
40. AUDIOMETER		<table border="1"> <tr> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td>250</td> <td>512</td> <td>1024</td> <td>2048</td> <td>2896</td> <td>4096</td> <td>6144</td> <td>8192</td> </tr> </table>		250	500	1000	2000	3000	4000	6000	8000	250	512	1024	2048	2896	4096	6144	8192
250	500	1000	2000	3000	4000	6000	8000												
250	512	1024	2048	2896	4096	6144	8192												
41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		<table border="1"> <tr> <td>RIGHT</td> <td>LEFT</td> </tr> </table>		RIGHT	LEFT														
RIGHT	LEFT																		

20. HEIGHT		5'11"	
21. WEIGHT		194	
22. COLOR HAIR		Black	
23. COLOR EYES		Brown	
24. BUILD		<input checked="" type="checkbox"/> SLIM <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	
25. TEMPERATURE		97.6	

26. BLOOD PRESSURE (Arm at heart level)		114/74							
27. PULSE (Arm at heart level)		77							
28. REFRACTION		<table border="1"> <tr> <td>A. SITTING</td> <td>B. RECUMBENT</td> <td>C. STANDING</td> </tr> <tr> <td>20/20</td> <td>20/20</td> <td>20/20</td> </tr> </table>		A. SITTING	B. RECUMBENT	C. STANDING	20/20	20/20	20/20
A. SITTING	B. RECUMBENT	C. STANDING							
20/20	20/20	20/20							
29. NEAR VISION		<table border="1"> <tr> <td>30. NEAR VISION</td> </tr> <tr> <td>20/20</td> </tr> </table>		30. NEAR VISION	20/20				
30. NEAR VISION									
20/20									
30. NEAR VISION		<table border="1"> <tr> <td>30. NEAR VISION</td> </tr> <tr> <td>20/20</td> </tr> </table>		30. NEAR VISION	20/20				
30. NEAR VISION									
20/20									
31. HETEROPHORIA (Specify distance)		<table border="1"> <tr> <td>RIGHT 20/20</td> <td>LEFT 20/20</td> </tr> <tr> <td>CORR. 10 20/</td> <td>CORR. 10 20/</td> </tr> <tr> <td>BY</td> <td>BY</td> </tr> </table>		RIGHT 20/20	LEFT 20/20	CORR. 10 20/	CORR. 10 20/	BY	BY
RIGHT 20/20	LEFT 20/20								
CORR. 10 20/	CORR. 10 20/								
BY	BY								

MEASUREMENTS AND OTHER FINDINGS	
IDENTIFICATION NUMBER 341689-083	
NO. OF SHEETS ATTACHED 2	

8/15/01

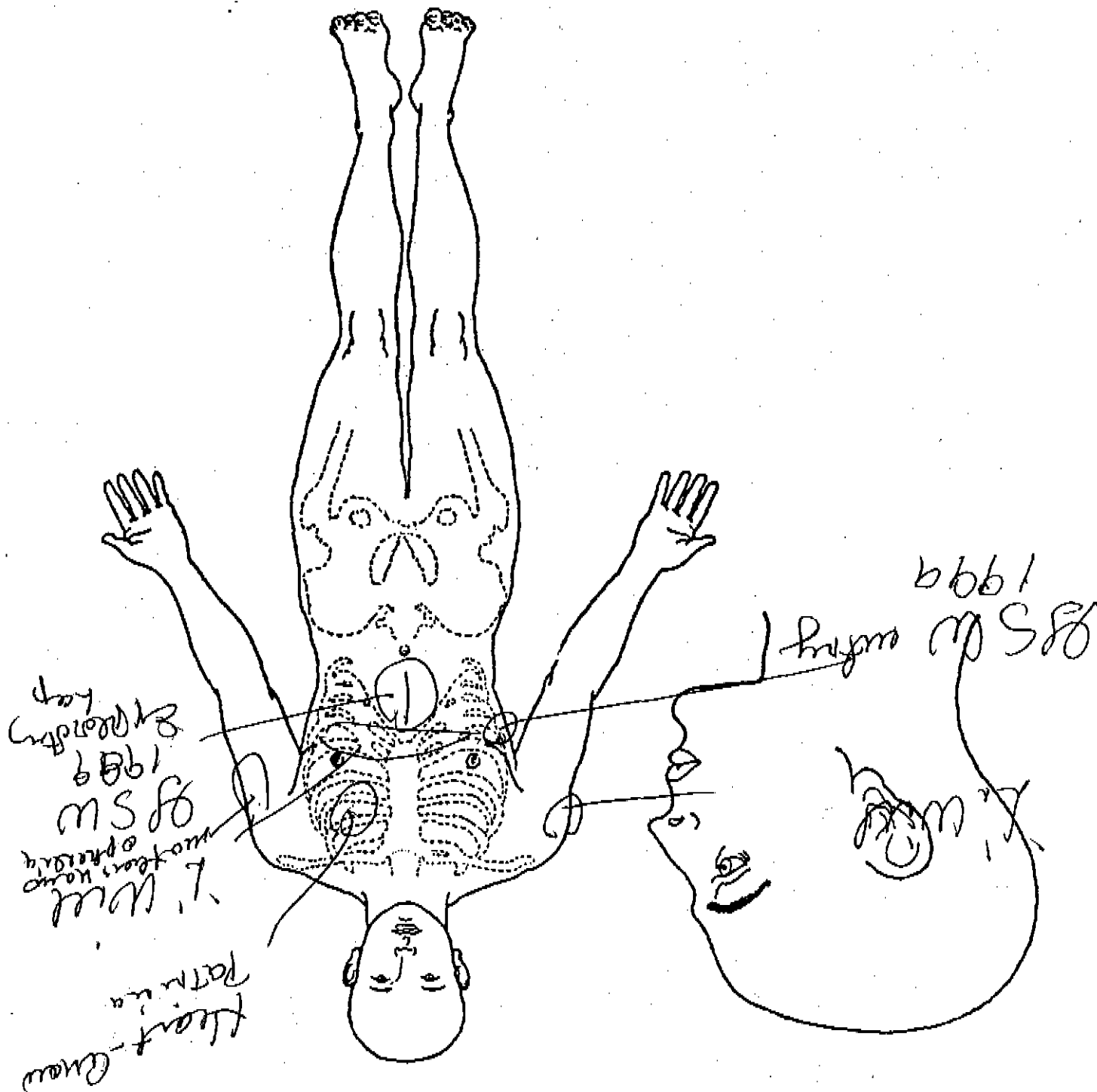
FCI Beckley  
Beaver, WV 25813

STANDARD FORM 531 (Rev. 4-81)  
Prescribed by GSA/CMR, FPMR (41 CFR) 201-9-202

MARTIN  
WILLIE  
B/M/O/11-12-1972  
HT/503 WT/190  
CUSTODY/IN  
34689-083  
HR/BK EY/BN

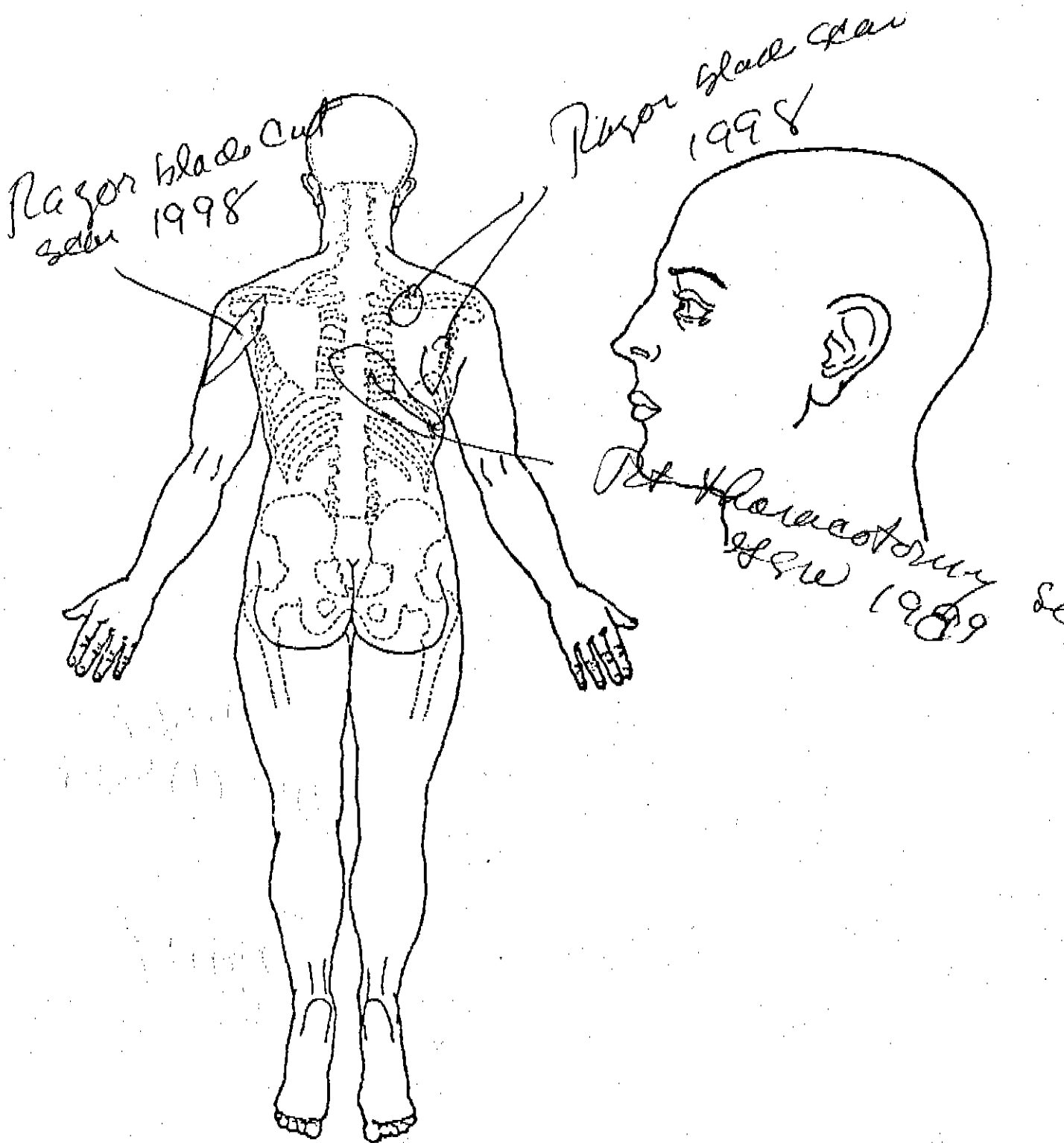
ANATOMICAL FIGURE

WARD NO.	REGISTER NO.	middle; grade;
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ANATOMICAL FIGURE

MEDICAL RECORD





Willie Martin 34689-083  
 (304) 252-9758  
 PO B 1280 Beckley Federal Prison  
 Beaver, WV 25813-  
 DOB: November 12, 1972 AGE: 30 SEX: Male

**IN STATE**  
**MAXILLOFACIAL**  
**SURGEONS**

REFERRING DR: NONE NONE,

**TORY**  
**IN STRICT CONFIDENCE)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**HEALTH HISTORY**

1. Due to the probability that you will be having surgery and some form of anesthesia, it is necessary for you to answer the following questions as accurately as possible to avoid unnecessary health risks. All information is held in strict confidence.
2. What is the main problem that brought you here? fractured jaw
3. Are you under a physician's care now? yes His/Her name? Beckley Hosp
4. For what condition or ailment? \_\_\_\_\_
5. What OPERATIONS or SERIOUS ILLNESSES have you had? 1996 gun shot wound right

Date? 1996

6. What DRUGS or MEDICATIONS are you taking now and their dosage? NONE

7. What DRUGS, MEDICATIONS, FOODS, etc., are you ALLERGIC to? NONE

8. Please note who referred you to our office: Personal Physician Beckley Prison Phone No. \_\_\_\_\_

Personal Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_

WOMEN PLEASE NOTE: If you are taking oral contraceptives (birth control pills), and you are prescribed antibiotics (Penicillin, Erythromycin, Keflex, etc.) for infection, the antibiotics will affect the action of the birth control pills and you should consult your physician or gynecologist for recommendations.

DO YOU DESIRE TO CONSULT WITH YOUR PHYSICIAN TO RULE OUT PREGNANCY BEFORE ORAL SURGERY?  
 YES ☒ NO ☐

Additional Information: \_\_\_\_\_

—Please turn over and complete back of form—

42  
 1.70  
 x 100.4  
 292

# MOUNTAIN STATE ORAL & MAXILLOFACIAL SURGEONS

1215 Virginia Street, East  
Charleston, WV 25301  
(304) 345-1092  
1-800-300-7842

100A Prestige Park  
Hurricane, WV 25526  
(304) 757-0272  
1-877-253-2700

Name Willie Martin Date 2/15/03  
Address \_\_\_\_\_

R Pen VK elixir 25mg/5cc  
Disp 10 Days Supply  
SIG 500mg PO QID  
Refill 0 times Dr. [Signature]

Byron H. Black, DDS Lee F. Allen, DMD, MD Jack I. Krajeklan, DMD Greg J. Panossian, DDS

This prescription may be filled with a generically equivalent drug product unless the words "Brand Necessary" or "Brand Medically Necessary" are written, in the practitioner's own handwriting, on this prescription form.  
REORDER # 0119814



1215 Virginia Street, East  
Charleston, WV 25301  
(304) 345-1092  
In WV: 1-800-300-7842

100A Prestige Park  
Hurricane, WV 25526  
Phone: (304) 757-0272  
1-877-253-2700

Name Willie Martin Date 2/15/03  
Address \_\_\_\_\_

Rx LORTAB® 10/500  
Disp: 1 tab q 4-6 h  
PRN Pain

Refill 0 times DEA # B17817466

LORTAB® Elixir  
Disp: 5 Days Supply  
1-2 teasp. q 4-6  
PRN Pain

Dr. [Signature]

Byron H. Black, DDS Kent E. Jackfert, DDS  
Lee F. Allen, DMD, MD Jack Krajeklan, DMD Greg Panossian, DDS

Brand Med

**Willie Martin**  
**02-15-03**

Willie is 30 years of age, a prisoner, came into my office today stats post fall from his bed on his jaw with resultant mandibular fracture. The patient was seated in the operating room and when I walked in to see him, he is alert, oriented, in no apparent distress. Extraocular movements are intact. Pupil is equally reactive and round to light and accommodation. He is complaining of no nausea, no vomiting, no headaches. When I asked the patient when he thinks that his jaw was fractured, he advised me that this was on Saturday and that he had fallen two days earlier. The patient had some mild swelling noted to his right buccal area and his left angle area of the mandible.

**PAST MEDICAL HISTORY:** He was shot in 1996. He has no medical problems. No known drug allergies and he is not taking any medications.

**CLINICAL AND X-RAY EXAM:** Gross malocclusion was noted. Anterior to open bite was noted. There are some stepping noted between teeth #s 28 and 29 with crepitus. Ecchymosis in the floor of the mouth was noted. A laceration in the floor of the mouth was noted. A fracture of the angle area was also noted. There was segmental mobility with pain and tenderness. Positive swelling. On panoramic radiograph I noted a right angle fracture through tooth #17 which is a full bony impaction and then a complex fracture also noted at the right body area which was severely comminuted. Patient also has a bilateral paresthesia to the lower lip.

**DISCUSSION:** I spoke with the patient for about ½ hour about his treatment plans. I advised the patient that we can attempt to get closed reduction on a maxillary and mandibular fixation for approximately six weeks. The patient advised me that he doesn't want to be wired shut. I advised him that the other option is to place plates on the mandible, one at the angle area and one at the body area of the mandible. I advised the patient that there is a need that he will be wired for at least two weeks rather than six weeks. Patient was happy with that treatment plan. He is aware that he will have a scar, approximately 2 cm below the inferior border of the mandible. He is aware of all the risks that are involved and concerning the paresthesia, he is aware that it could be permanent. We will attempt to reduce the fractures in their proper position and internally fixate the mandibular fracture. The tentative treatment plan that was planned was a open reduction internal fixation of the severely comminuted fracture of the right body area via extraoral approach and then an intraoral approach with superior border plate to the left angle fracture. We will also do an extraction of tooth #17 which is in the line of fracture.

**DISCUSSION:** Today, I went through the surgery, anesthesia, complications, risks, benefits, and alternatives of performing the above mentioned procedure, emphasizing swelling; discomfort; bleeding; infection; temporary or permanent paresthesia of the cheeks, lips, gums, and tongue; and possible sinus perforation. Consents were read, signed, and co-signed. Pre-estimates were given. NPO instructions given.

**PLAN:** I placed him on penicillin at this time and Lortab for pain control. He will be taken to the operating room for the above procedure.

**Greg J. Panossian, DDS**  
**GJP/cat**  
**T: 022703**

*Greg Panossian*

D. McLain D.O., CLINICAL DIRECTOR  
 FCI / FPC BECKLEY  
 BEAVER, WV

*DM*

6/1/03

I consent to the administration of blood transfusions and/or blood derivatives, and/or such medication, treatment, therapies as may be deemed advisable in the judgment of the attending physician or designated associates or assistants.

I consent to the administration of anesthesia to be applied by or under the direction of an anesthesiologist, the attending physician, and/or nurse anesthetist and to the use of such anesthetics that may be deemed advisable.

I consent to any photography which the operating surgeon may deem necessary. For the purposes of medical education, I consent to the admittance of observers to the operating room.

I consent to disposal by representatives of the hospital in accordance with its customary practice, of any tissues or organs which may be removed from my body.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME), THE CONTENTS OF THIS FORM: I UNDERSTAND THE RISKS AND ALTERNATIVES INVOLVED IN THIS PROCEDURE; I AM AWARE THAT THE PRACTICE OF MEDICINE AND SURGERY IS NOT AN EXACT SCIENCE AND I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE AS TO THE RESULTS OF THE PROCEDURE(S) LISTED IN PARAGRAPH.

I ACKNOWLEDGE THAT DUE TO LIMITATIONS OF SPACE ON THIS FORM AND TIME, THE FOREGOING INFORMATION DOES NOT COVER ALL OF THE INFORMATION THAT COULD BE OR HAS BEEN PROVIDED BY THE ABOVE NAMED PHYSICIAN. THE INFORMATION SET FORTH ABOVE WAS PROVIDED TO ME AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, ALL OF MY QUESTIONS HAVE BEEN ANSWERED. FINALLY, I REQUEST THAT THE PROCEDURE DESCRIBED IN THE FIRST PARAGRAPH ABOVE BE PERFORMED.

IF YOUR DESIRES FOR INFORMATION HAVE NOT BEEN MET, DO NOT SIGN THIS FORM

Date: 2/15/03 Time: 9:18 Signed: X William Martin

Witness: \_\_\_\_\_

If patient is a minor or unable to sign, complete the following:

Patient is a minor or is unable to sign because: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signed: \_\_\_\_\_

(Signature of person signing on behalf of patient)

\_\_\_\_\_  
(Relationship to Patient)

Witness: \_\_\_\_\_

MARTIN, WILLIE J.  
250949

HISTORY AND PHYSICAL EXAMINATION  
PAGE 2

PHYSICAL EXAMINATION:

A young male, sitting propped up in bed. Vital signs are stable. He is slightly overweight.

HEENT: Face shows marked swelling of both sides of the face which is very warm to touch. Steri strips are under the chin from where surgery was done. Teeth are clamped together. He is not able to open his mouth at all. The saliva is drooling through the teeth. He is tender over the tissues on both sides of the face. There is no rash. Eyes - No discharge. Pupils are reactive. He is not jaundiced. He is tender over the maxillary sinuses. No tenderness over the frontal sinuses.

LYMPHATICS: No enlargement in the neck, axillae and groins.

NECK: No masses. Thyroid is not enlarged.

RESPIRATORY: The patient is not short of breath on sitting down. Extrarespiratory muscles are not functioning. The patient has a few scattered crepitations on the left side and a few coarse crepitations on the right base as well. No wheeze.

CVS: Apex beat fifth interspace, mid clavicular line. Heart sounds are regular and normal. No murmur is audible.

ABDOMEN: Scar of surgery from peptic ulcer disease and cholecystectomy present. Liver and spleen are not palpable. Bowel sounds are audible. No tenderness over the abdomen.

NEUROLOGICAL: Alert. He is responsive to questions but cannot talk because his mouth is closed shut. He can move both arms and both legs. Reflexes are normal. Plantars downgoing. Superficial and deep sensations are intact.

MUSCULOSKELETAL: None of the joints are acutely inflamed.

GU: External genitalia normal. No tenderness over the bladder or in the costovertebral angles.

PSYCHIATRIC: He is alert. He understands questions but cannot answer because he is unable to talk.

IMPRESSION:

1. Cellulitis of face with edema secondary to recent surgery for fracture of jaw (mouth wired shut since surgery).
2. Inability to swallow.
3. Pulmonary congestion, rule out pneumonia.
4. Diabetes mellitus, non-Insulin dependent.
5. Status post cholecystectomy.
6. Status post surgery for bleeding peptic ulcer disease.
7. History of Hepatitis C and A secondary to drug abuse in past.
8. History of alcohol abuse in the past.

D. McLAIN D.O., CLINICAL DIRECTOR  
FCI / FPC BECKLEY  
REAPER, WV

Martin, Willie  
34689-083

MARTIN, WILLIE O.  
250949  
HISTORY AND PHYSICAL EXAMINATION  
PAGE 3

PLAN:

The patient is admitted to CCU for further monitoring. Because of the marked swelling of the face, he could choke at any time if the swelling extends into the laryngeal area. He is not able to swallow either. He will have CBC, CMP, chest x-ray, and will be started on IV Clindamycin. We will give him a dose of Vancomycin right now. We will start him on Decadron IV. He is being started on sliding scale Insulin to keep his sugar under control. He is started on D5/half normal saline. He will need very close monitoring. X-ray of the chest is being done to rule out pneumonia. If he shows any evidence of respiratory distress suggesting laryngeal edema, he will need a tracheostomy at that time. He will need to stay in the hospital for a few days.

SURAYIA T. HASAN, M. D.

STH:dap (J#1178)

*DKM*  
D. McLAIN D.O., CLINICAL DIRECTOR  
FBI / FPC BECKLEY  
BEAVER, WV

*3/6/03*

*Martin, Willie*  
*34689-083*



## MULTIDISCIPLINARY DISCHARGE SUMMARY

0000250949 1501  
000046  
MILIE J  
1208  
25113  
083 11/12/01  
083

- Follow-up appointment with Dr. [redacted] on [redacted] 20[redacted] @ [redacted] AM

on 4-20-77 @ 11:00 AM  
 ON 4-20-77 @ 11:00 AM  
 ON 4-20-77 @ 11:00 AM

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

average and standard deviation of application

## Other Prescription Drugs

**Followed by:** \_\_\_\_\_

### Confidentiality Policy

☐ Honey-Eggs/Other Yeast

36 April 2011 Walker et al. / On the Impact of Storms on the Western

## Final Note

Hold Center. Press inward.

**15182020**

### • Other Referral

• Signs / Symptoms of Recurrence and / or Complication of your illness

### Prescribed Medications

[illegible]



RUN DATE: 09/19/03  
 RUN TIME: 0803

Saint Francis Hospital  
 Discharge Instructions

PAGE

### \* DISCHARGE INSTRUCTIONS \*

Patient's Name: MARTIN, WILLIE

Physician: Panossian, Greg J

Med Rec Number: H000275452

Acct Number: H02533224056

Diet: CLEAR LIQUIDS

Bathing: AS TOLERATED

#### EXERCISE or SPECIAL LIMITS

: NO STRENUOUS ACTIVITY FOR 2 WEEKS, LIGHT ACTIVITY AS TOLERATED

#### DRESSING, TREATMENTS, SPECIAL EQUIPMENT

: PERIDEX MOUTH RINSE TWICE DAILY

### \* MEDICATIONS \*

1. LORTAB 10/500 ELIXIR 5 TO 10 CC EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN

2. PERIDEX RINSE 5 TO 10 CC TWICE DAILY

3. CLINDIMYCIN 300MG ELIXIR FOUR TIMES DAILY FOR 7 DAYS

4.

5.

6.

7.

8.

9.

10.

(QD = DAILY) (BID = TWICE DAILY) (TID = THREE TIMES DAILY) (QID = FOUR TIMES DAILY)

### \* SPECIAL INSTRUCTIONS \*

: FOLLOW UP WITH MOUNTAIN STATE ON 3/25/03 AT 1PM

### \* FOLLOW-UP INSTRUCTIONS \*

Call Doctor's Office : DR PANOSSIAN

Follow-Up Appointment : 3/25/03 AT 1PM

Home Health Agency Ref :

Additional Follow-Up Information: CALL OFFICE FOR ANY QUESTIONS OR CONCERNS BEFORE FOLLOW UP APPOINTMENT

Oriented To: TIMES 3

Sent Home with Personal Belongings : Y

Activity Tolerance: AMBULATORY

Sent Home with Bedside Belongings : Y

Skin Integrity: INTACT

Home Meds Returned to Patient : N

Information Regarding Smoking Cessation Provided: N

Discharge Disposition: OTH

Mode of Discharge: WHEELCHAIR

Accompanied at Discharge By: PAID ATTND

I HAVE BEEN INSTRUCTED ON AND UNDERSTAND THE ABOVE INFORMATION. IF MY SYMPTOMS OR CONDITION WORSEN, I WILL NOTIFY MY DOCTOR OR RETURN TO THE EMERGENCY ROOM.

Patient or Responsible Person's Signature : Willie Martin

Signature of RN / LPN : [Signature]

Time of Discharge: 1:50





APPALACHIAN  
REGIONAL  
HEALTHCARE

Picture I.D. Verified by: JPW H.U.N. 25-09-49  
Date: 2/25/03

REQUEST FOR RELEASE OF MEDICAL RECORD INFORMATION

34689-083

Patient name: Martin, Willie Phone: \_\_\_\_\_  
AKA/maiden name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I hereby request that access to the medical record of the patient named above be provided by:

Appalachian Regional Hospital  
306 Stanaford Road  
Beckley, WV 25801

Other (Name of facility) \_\_\_\_\_

Information to be released to: \_\_\_\_\_

Name/Facility: FCT Transferred

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Access Requested: \_\_\_\_\_ Copies: ☒ Inspection: \_\_\_\_\_

Dates of Treatment: 2/20/03 2/25/03

Purpose of disclosure/Use of Information: \_\_\_\_\_

Information to be released (This area to be completed by H.I.M. staff only)

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> X-ray reports	<input type="checkbox"/> Pathology/Cytology
<input type="checkbox"/> History & Physical	<input type="checkbox"/> Lab/EKG reports	<input type="checkbox"/> Consultation reports
<input type="checkbox"/> Emergency Room reports	<input type="checkbox"/> Operative reports	<input type="checkbox"/> Stress/Echocardiograms
<input type="checkbox"/> Observation report	<input type="checkbox"/> Medication reports	<input type="checkbox"/> ABC/Respiratory reports
<input type="checkbox"/> Face sheet	<input type="checkbox"/> Progress notes	<input checked="" type="checkbox"/> Entire Record
<input type="checkbox"/> Other: _____		

I hereby consent to the release of any and all psychiatric, alcohol and/or drug abuse treatment records. I understand that such information cannot be released without my specific consent, except in accordance with Federal regulations. I understand that the information to be released may also include pregnancy, venereal disease, or records pertaining to the diagnosis or treatment of Acquired Immune Deficiency Syndrome (AIDS). My signature authorized the release of such information.

Physician request 2/25/03  
Print Name Above \_\_\_\_\_ Date Above \_\_\_\_\_

Patient or Legal Guardian Signature Above \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Conservators or guardians must provide copies of appointment papers. Authorizations for deceased patients must be signed by next of kin or circumstantial proof of same.

I understand that I have a right to receive a copy of this authorization upon request. Please initial:  
Not requested: \_\_\_\_\_ Requested and Received: \_\_\_\_\_

Unless otherwise specified, this authorization will expire in six (6) months. I understand that the recipient may not further disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

\_\_\_\_\_ Faxed \_\_\_\_\_ Mailed ☒ Hand-carried

2/25/03

02/25/2003 02:02 2553291

SECOND

Page 01

02/24/03  
11:12BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 3  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

| ARH#: AH2509

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/24/2003 07:16 R

Rm: 213-1 Pers Phys:

PL Rec Date: 02/24/2003 08:29 R

Specimen: AH213957 Type: BLOOD

Report Date: 02/24/2003 12:12 B

Spec Desc:

Batch: AH81485 Payer: 1

## ( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
* WBC	9.4		X10 <sup>3</sup> /UL	4.8-10.8
* RBC	4.92		X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
* HEMOGLOBIN	15.5		G/DL	(M) 14.0-18 (F) 12-16
* HEMATOCRIT	46.3		%	(M) 42-52 (F) 37-47
* HCH	94.0		CU MI	(M) 80-94 (F) 81-99
* MCHC	33.5	31.6	PG	27-31
* RDW	11.7		%	33-37
* MPV	8.0		%	11.5-14.5
* PLATELETS	373		X10 <sup>3</sup> /UL	6.2-10.6
* SEG NEUTROPHILS		81	%	130-400
* BANDS		9	%	42-75
* LYMPHOCYTES		7	%	0-6
* MONOCYTES	2		%	20-40
* METAMYELOCYTES		1	%	2-7
* RBC MORPHOLOGY OK	Y			0
* PLATELETS	N			Y= YES
				N (NORM) I (INC) D (DEC)

Comments: SB/BH

Previously Reported)

Director: DR. ZARINA RASHEED

(304) 255-3595

C

Specimen: AH214216 Type: BLOOD  
Spec Desc:Report Date: 02/24/2003 17:47 A  
Batch: AH81586 Payer: 1

## ( C H E M I S T R Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
GLUCOSE		137	MG/DL	70-110

Comments: Posted at 17:28.

Director: DR. ZARINA RASHEED

(304) 255-3595

Martin, Willie  
34689-083

C

02/24/03  
17:47BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEY

| ARH#: AH25094

Patient: MARTIN, WILLIE J  
SSN: DOB: 11/12/1972  
2 Ord Phys: HASAN, SURAYIA T  
m: 213-1 Pers Phys:  
Specimen: AH214216 Type: BLOOD  
pec Desc:Sex: MALE  
Coll Date: 02/24/2003 17:28 AF  
PL Rec Date: 02/24/2003 17:35 AF  
Report Date: 02/24/2003 17:47 AF  
Batch: AH01586 Payer: 1

## ( C H E M I S T R Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
GLUCOSE		137	MG/DL	70-110

Comments: Posted at 17:28.

Director: DR. ZARINA RASHEED

(304) 255-3595

P

02/24/03  
11:34BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEY

| ARH#: AH25094

Patient: MARTIN, WILLIE J  
SSN: DOB: 11/12/1972  
A2 Ord Phys: HASAN, SURAYIA T  
Rm: 213-1 Pers Phys:  
Specimen: AH214216 Type: BLOODSex: MALE  
Coll Date: 02/24/2003 11:17 S  
PL Rec Date: 02/24/2003 11:21 S

## ( C H E M I S T R Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
GLUCOSE		115	MG/DL	70-110

Comments: Posted at 11:17.

Director: DR. ZARINA RASHEED

(304) 255-3595

Martin, Willie  
34689-083

P

BECKLEY APPALACHIAN REGIONAL HOSP  
 106 STANAFORD ROAD  
 BECKLEY WV 25801

Page -  
 BECKLEY

MARTIN, WILLIE J

DOB: 11/12/1972

Sex: MALE

ARRH#: AH250

Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 11:55

Specimen Type:

PL-Rec Date: 02/20/2003 12:14

Specimen Type: BLOOD

Report Date: 02/20/2003 14:04

Batch: AH80549 Payer:

# HEMATOLOGY

## Results

Normal	Abnormal	Units	Adult Reference Ranges
	13.2	X10 <sup>3</sup> /UL	4.8-10.8
4.95		X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
15.7		G/DL	(M) 14.0-18 (F) 12-16
45.6		%	(M) 42-52 (F) 37-47
92.0		CU MI	(M) 80-94 (F) 81-99
	31.7	PG	27-31
34.4		%	33-37
11.5		%	11.5-14.5
7.8			6.2-10.6
265		X10 <sup>3</sup> /UL	130-400
	70	%	42-75
		20	0-6
		7	20-40
	2	%	2-7
	1	%	0-1
	Y		Y= YES
	N		N(NORM) I(INC) D(DEC)

MARTIN, WILLIE J MARINA RASHEED

(304) 295 3595

Martin, Willie  
 34682 083

11/12/2003  
11/12/2003

BECKLEY APPALACHIAN REGIONAL HOSP  
406 STANAFORD ROAD  
BECKLEY WV 25801

Page 1  
BECKLEY

MR. MARINA M. WILSON J

ARM#: AH250

DOB: 11/12/1972

Sex: MALE

1 Phy: HASAN, SURAYIA T

Coll Date: 02/20/2003 11:41

11/12/2003

PL Rec Date: 02/20/2003 11:43

11/12/2003 Type: BLOOD

Report-Date: 02/20/2003 11:44

Batch: AH80528 Payer:

C H E M I S T R Y

Results

Normal	Abnormal	Units	Adult Reference Ranges
	118	MG/DL	70-110

RESULTS WERE VERBALLY GIVEN AT 11:41 TO REBECCA.

MR. MARINA M. WILSON J

(304) 255-3595

*Concave*  
*RR*

*Martin, Willie*  
*34689-083*

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: <u>MOUNTAIN STATE ORAL &amp; MAXILLOFACIAL SURGEON</u>	FROM: (Requesting physician or activity) <u>FCI - Beckley</u>	DATE OF REQUEST <u>17 March 03</u>	
REASON FOR REQUEST (Complaints and findings) <u>Post Op Follow - up</u>			
Allergies: <u>NFDA</u>			
Medications: <u>NOTIN 800y BID CLINDAMYCIN 150y / 4x1 QID</u>			
Patient History to include present and past procedures: <u>Fractured MD ON 12 Feb 03 / SURGERY ON 18 Feb 03</u>			
PROVISIONAL DIAGNOSIS <u>Mandibular Fracture</u>			
DOCTOR'S SIGNATURE <u>[Signature]</u>	APPROVED	PLACE OF CONSULTATION FCI <input type="checkbox"/> FPC <input type="checkbox"/>	<input type="checkbox"/> Routine <input type="checkbox"/> Today <input type="checkbox"/> 72 Hours <input type="checkbox"/> Emergency
CONSULTATION REPORT			
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	

(Continue on reverse side)

NATURE AND TITLE	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)	
Name <u>Antin Willie</u>	FCI/FPC Beckley
Number <u>346891-083</u>	CONSULTATION SHEET
DOB <u>12 Nov 72</u>	Medical Record
STANDARD FORM 513 (REV. 8-92)	

BECKLEY APPALACHIAN REGIONAL HOSP  
106 STANAFORD ROAD  
BECKLEY WV 25801

Page 1  
BECKLEY

PATIENT NAME: WILLIE J

DOB: 11/12/1972

Sex: MALE

ARR#: AM250

U J PHYS: HASAN, SURAYIA T

Coll Date: 02/20/2003 11:55

PL Rec Date: 02/20/2003 12:14

Type: BLOOD

Report Date: 02/20/2003 13:07

Batch: AM80540 Payer:

( CHEMISTRY )

	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
Na		134	MEQ/L	136-148
K	4.2		MEQ/L	3.5-5.2
Cl	99		MEQ/L	98-112
CO2	23.3		MEQ/L	21-32
BUN	12		MG/DL	7-21
CR	1.0		MG/DL	0.8-1.2
ALB		8.4	G/DL	6.4-8.2
TBL	3.6		G/DL	3.4-5.0
GLU	9.2		MG/DL	8.5-10.5
UA		131	MG/DL	70-110
LDH	24		U/L	15-37
AMG	0.56		MG/DL	0-1.0
TRIG		43	U/L	50-136
CHOL	23		U/L	30-65

DR. ZARINA RASHEED

(304) 255-3595

Martin, Wi  
34689-08

RUN DATE: 03/19/03  
 RUN TIME: 0803

Saint Francis Hospital  
 Discharge Instructions

PAGE

### \* DISCHARGE INSTRUCTIONS \*

Patient's Name: MARTIN, WILLIE

Physician: Panossian, Greg J

Med Rec Number: H000275452

Acct Number: H02533224056

Diet: CLEAR LIQUIDS

Bathing: AS TOLERATED

#### EXERCISE or SPECIAL LIMITS

: NO STRENUOUS ACTIVITY FOR 2 WEEKS, LIGHT ACTIVITY AS TOLERATED

#### DRESSING, TREATMENTS, SPECIAL EQUIPMENT

: PERIDEX MOUTH RINSE TWICE DAILY

### \* MEDICATIONS \*

1. LORTAB 10/500 ELIXIR 5 TO 10 CC EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN
2. PERIDEX RINSE 5 TO 10 CC TWICE DAILY
3. CLINDIMYCIN 300MG ELIXIR FOUR TIMES DAILY FOR 7 DAYS
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

(QD = DAILY) (BID = TWICE DAILY) (TID = THREE TIMES DAILY) (QID = FOUR TIMES DAILY)

### \* SPECIAL INSTRUCTIONS \*

: FOLLOW UP WITH MOUNTAIN STATE ON 3/25/03 AT 1PM

### \* FOLLOW-UP INSTRUCTIONS \*

Call Doctor's Office : DR PANOSSIAN  
 Follow-Up Appointment : 3/25/03 AT 1PM  
 Home Health Agency Ref :

Additional Follow-Up Information: CALL OFFICE FOR ANY QUESTIONS OR CONCERNS BEFORE FOLLOW UP APPOINTMENT

Oriented To:	TIMES 3	Sent Home with Personal Belongings :	Y
Activity Tolerance:	AMBULATORY	Sent Home with Bedside Belongings :	Y
Skin Integrity:	INTACT	Home Meds Returned to Patient :	N
Information Regarding Smoking Cessation Provided: N			

Discharge Disposition: OTH

Mode of Discharge: WHEELCHAIR

Accompanied at Discharge By: PAID ATTND

I HAVE BEEN INSTRUCTED ON AND UNDERSTAND THE ABOVE INFORMATION. IF MY SYMPTOMS OR CONDITION WORSEN, I WILL NOTIFY MY DOCTOR OR RETURN TO THE EMERGENCY ROOM.

Patient or Responsible Person's Signature : Willie Martin

Signature of RN / LPM : [Signature]

Time of Discharge: 1530



02/20/03  
18:12BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 2  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH250

SSN: 34689-083 DOB: 11/12/1972

Sex: MALE

AIC Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 17:54

Rm: 4IC-1 Pers Phys:

PL Rec Date: 02/20/2003 18:09

Specimen: AH212492 Type: BLOOD

Report-Date: 02/20/2003 18:12

Spec Desc:

Batch: AH80614 Payer:

## ( C H E M I S T R Y )

## Results

Test	Normal	Abnormal	Units	Adult Reference Ranges
------	--------	----------	-------	------------------------

GLUCOSE

227 MG/DL

70-110

Comments: Posted at 17:55

Director: DR. ZARINA RASHEED

(304) 255-3595

*Covered  
by RR*

02/23/03  
08:50BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEYPatient: MARTIN, WILLIE J 34689-083  
SSN: DOB: 11/12/1972

Sex: MALE

| ARH#: AH25094

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/23/2003 04:55 CM

Rm: 213-1 Pers Phys:

PL Rec Date: 02/23/2003 06:41 RE

Specimen: AH213564 Type: BLOOD

Report Date: 02/23/2003 08:50 C

Spec Desc:

Batch: AH81216 Payer: 1

## ( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
* WBC		16.1	X10 <sup>3</sup> /UL	4.8-10.8
* RBC		4.41	X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
* HEMOGLOBIN	14.0		G/DL	(M) 14.0-18 (F) 12-16
* HEMATOCRIT		40.5	%	(M) 42-52 (F) 37-47
* CV	91.9		CU MI	(M) 80-94 (F) 81-99
* MCH		31.7	PG	27-31
* MCHC	34.5		%	33-37
* RDW	11.6		%	11.5-14.5
* MPV	8.1			6.2-10.6
* PLATELETS	349		X10 <sup>3</sup> /UL	130-400
- SEG NEUTROPHILS		68	%	42-75
- BANDS			11	0-6
- LYMPHOCYTES			15	20-40
- MONOCYTES		6	%	2-7
- RBC MORPHOLOGY OK		Y		Y= YES
- PLATELETS		N		N (NORM) I (INC) D (DEC)

Comments: TW/CLJ

\* Previously Reported)

Director: DR. ZARINA RASHEED

(304) 255-3595

2/24/

02/23/03  
05BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 2  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH25094

SSN: DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/23/2003 04:55 CM

Rm: 213-1 Pers Phys:

PL Rec Date: 02/23/2003 05:58 RE

Specimen: AH213564 Type: BLOOD

Report-Date: 02/23/2003 08:05 BH

Spec Desc:

Batch: AH81200 Payer: 1

## ( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
WBC		16.1	X10 <sup>3</sup> /UL	4.8-10.8
RBC		4.41	X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
HEMOGLOBIN	14.0		G/DL	(M) 14.0-18 (F) 12-16
HEMATOCRIT		40.5	%	(M) 42-52 (F) 37-47
MCV	91.9		CU MI	(M) 80-94 (F) 81-99
MCH		31.7	PG	27-31
MCHC	34.5		%	33-37
RDW	11.6		%	11.5-14.5
MPV	8.1			6.2-10.6
PLATELETS	349		X10 <sup>3</sup> /UL	130-400

Director: DR. ZARINA RASHEED

(304) 255-3595

De

Martin, Willie  
34689 0532/23  
D

02/23/03

07:21

34689-053

BECKLEY APPALACHIAN REGIONAL HOSP

306 STANAFORD ROAD

BECKLEY WV

25801

Page - 12

BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

| ARH#: AH2509

A2

Ord Phys: JAFARY, HASSAN

Coll Date: 02/23/2003 04:55 CH

Rm: 213-1 Pers Phys:

PL Rec Date: 02/23/2003 06:05 RI

Specimen: AH213564 Type: BLOOD

Report Date: 02/23/2003 07:21 JA

Spec Desc:

Batch: AH81176 Payer: 1

## ( C H E M I S T R Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
GLUCOSE	105		MG/DL	70-110
BUN	13		MG/DL	7-21
CREATININE	1.0		MG/DL	0.5-1.3
SODIUM		135	MEQ/L	136-148
POTASSIUM	4.2		MEQ/L	3.5-5.2
CHLORIDE	101		MEQ/L	98-112
CO-2	25.9		MEQ/L	21-32
CALCIUM	8.7		MG/DL	8.5-10.5

Director: DR. ZARINA RASHEED

(304) 255-3595

Jk

2/23/03

02/22/03  
18:00BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

[ARH#: AH2509]

SSN:

DOB: 11/12/1972

Sex: MALE

A2

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/22/2003 17:05 R

Rm: 213-1 Pers Phys:

PL Rec Date: 02/22/2003 17:52 \*

Specimen: AH213351 Type: BLOOD

Report-Date: 02/22/2003 18:00 C

Spec Desc:

Batch: AH81080 Payer: 1

## ( C H E M I S T R Y )

## Results

Test

Normal Abnormal Units Adult Reference Ranges

GLUCOSE

134

MG/DL

70-110

Director: DR. ZARINA RASHEED

(304) 255-3595

02/22/03  
11:55BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 4  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/22/2003 11:45 C

Rm: 213-1 Pers Phys:

PL Rec Date: 02/22/2003 11:50 C

Specimen: AH213262 Type: BLOOD

Report-Date: 02/22/2003 11:55 C

Spec Desc:

Batch: AH81033 Payer: 1

## ( C H E M I S T R Y )

## Results

Test	Normal	Abnormal	Units	Adult Reference Ranges
GLUCOSE		152	MG/DL	70-110

Comments: POSTED @ 1145---CLJ

Director: DR. ZARINA RASHEED

(304) 255-3595

2/

2

22/03  
08:26BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 3  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/22/2003 05:15 C

Rm: 213-1 Pers Phys:

PL Rec Date: 02/22/2003 05:48 R

Specimen: AH213177 Type: BLOOD

Report-Date: 02/22/2003 08:26 C

Spec Desc:

Batch: AH80999 Payer: 1

## ( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
* WBC		24.4	X10 <sup>3</sup> /UL	4.8-10.8
* RBC		4.55	X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
* HEMOGLOBIN	14.5		G/DL	(M) 14.0-18 (F) 12-16
* HEMATOCRIT	42.5		%	(M) 42-52 (F) 37-47
* HCT	93.4		CU MI	(M) 80-94 (F) 81-99
* MCH		31.8	PG	27-31
* MCHC	34.0		%	33-37
* RDW	11.5		%	11.5-14.5
* MPV	8.2			6.2-10.6
* PLATELETS	329		X10 <sup>3</sup> /UL	130-400
- SEG NEUTROPHILS		76	%	42-75
- BANDS		17	%	0-6
- LYMPHOCYTES		4	%	20-40
- MONOCYTES	3		%	2-7
- RBC MORPHOLOGY OK	Y			Y= YES
- PLATELETS	N			N (NORM) I (INC) D (DEC)

Comments: SB/CLJ

(\* Previously Reported)

Director: DR. ZARINA RASHEED

(304) 255-3595

Martin, Willie  
34689-083

20 7'

02/22/03  
07:07

BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801

Page - 3  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

ARH#: AH2509

A2 Ord Phys: HASAN, SURAYIA T

Rm: 213-1 Pers Phys:

Coll Date: 02/22/2003 05:15 C

PL Rec Date: 02/22/2003 05:38 R

Specimen: AH213177 Type: BLOOD

Report Date: 02/22/2003 07:07 J

Spec Desc:

Batch: AH80981 Payer: 1

( C H E M I S T R Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
GLUCOSE		152	MG/DL	70-110
BUN	14		MG/DL	7-21
CREATININE	1.1		MG/DL	0.5-1.3
SODIUM	137		MEQ/L	136-148
POTASSIUM	4.6		MEQ/L	3.5-5.2
CHLORIDE	102		MEQ/L	98-112
CO-2	26.0		MEQ/L	21-32
CALCIUM	9.2		MG/DL	8.5-10.5

Director: DR. ZARINA RASHEED

(304) 255-3595

Martin, Willie  
32/689-083



02/22/03  
06:36BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 6  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/22/2003 05:15 CH

Rm: 213-1 Pers Phys:

PL Rec Date: 02/22/2003 05:38 RI

Specimen: AH213177 Type: BLOOD

Report Date: 02/22/2003 06:36 RI

Spec Desc:

Batch: AH80975 Payer: 1

## ( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
WBC		24.4	X10 <sup>3</sup> /UL	4.8-10.8
RBC		4.55	X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
HEMOGLOBIN	14.5		G/DL	(M) 14.0-18 (F) 12-16
HEMATOCRIT	42.5		%	(M) 42-52 (F) 37-47
HCT	93.4		CU MI	(M) 80-94 (F) 81-99
MCH		31.8	PG	27-31
MCHC	34.0		%	33-37
RDW	11.5		%	11.5-14.5
MPV	8.2			6.2-10.6
PLATELETS	329		X10 <sup>3</sup> /UL	130-400

Director: DR. ZARINA RASHEED

(304) 255-3595

2/2

02/21/03

23:29

34689-083

BECKLEY APPALACHIAN REGIONAL HOSP

306 STANAFORD ROAD

BECKLEY WV

25801

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BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/21/2003 23:20 M

Rm: 213-1 Pers Phys:

PL Rec Date: 02/21/2003 23:25 M

Specimen: AH213059 Type: BLOOD

Report-Date: 02/21/2003 23:29 M

Spec Desc:

Batch: AH80921 Payer: 1

## ( C H E M I S T R Y )

## Results

Test

Normal Abnormal Units Adult Reference Ranges

GLUCOSE

126 MG/DL

70-110

Comments: Posted at 2320

Director: DR. ZARINA RASHEED

(304) 255-3595

2/2

02/21/03

18:10

BECKLEY APPALACHIAN REGIONAL HOSP

306 STANAFORD ROAD

BECKLEY WV

25801

Page - 3  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

| ARH#: AH2509

A2

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/21/2003 17:56

Rm: 213-1 Pers Phys:

PL Rec Date: 02/21/2003 18:08

Specimen: AH212932 Type: BLOOD

Report-Date: 02/21/2003 18:10

Spec Desc:

Batch: AH80852 Payer: 1

( C H E M I S T R Y )

## Results

Test	Normal	Abnormal	Units	Adult Reference Ranges
GLUCOSE		219	MG/DL	70-110

Comments: Posted at 1805

Director: DR. ZARINA RASHEED

(304) 255-3595

242

02/21/03  
13:42

ARH REFERENCE LABORATORY  
4TH FLOOR  
1220 HARRODSBURG ROAD  
LEXINGTON KY

Page -  
BECKLEY

40533

Patient: MARTIN, WILLIE J

ARH#: AH250

SSN:

DOB: 11/12/1972

Sex: MALE

A2

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 11:55

Rm: 213-1 Pers Phys:

PL Rec Date: 02/21/2003 01:42

Specimen: AH212432 Type: BLOOD

Report-Date: 02/21/2003 13:42

Spec Desc:

Batch: SY24119 Payer:

PRELIMINARY REPORT

Source Specimen: BLOOD

No Growth After: 24 HOURS

Director: CECILIA B. BELLA, M.D.

(859) 226-2567

7/2

02/21/03

13:42

ARH REFERENCE LABORATORY

4TH FLOOR

1220 HARRODSBURG ROAD

LEXINGTON KY

40533

Page - 4  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

ARH#: AH2509

A2

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 13:28 S

Rm: 213-1 Pers Phys:

PL Rec Date: 02/21/2003 01:23 T

Specimen: AH212435 Type: BLOOD

Report-Date: 02/21/2003 13:42 R

Spec Desc:

Batch: SY24119 Payer: 1

-----  
PRELIMINARY REPORT

Source Specimen: BLOOD

No Growth After: 24 HOURS

-----  
Director: CECILIA B. BELLA, M.D.

(859) 226-2567

2/26

02/21/03  
11:45

BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801

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BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH25094

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/21/2003 11:17 SA

Rm: 213-1 Pers Phys:

PL Rec Date: 02/21/2003 11:32 SA

Specimen: AH212787 Type: BLOOD

Report-Date: 02/21/2003 11:45 SA

Spec Desc:

Batch: AH80773 Payer: 1

( C H E M I S T R Y )

Results

Test

Normal Abnormal Units Adult Reference Ranges

GLUCOSE

199

MG/DL

70-110

Comments: Posted at 1117.

Director: DR. ZARINA RASHEED

(304) 255-3595

*ZL*

02/21/03  
06:36BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

AIC Ord Phys: HASAN, SURAYIA T

Coll Date: 02/21/2003 06:29 T

Rm: 4IC-1 Pers Phys:

PL Rec Date: 02/21/2003 06:36 T

Specimen: AH212739 Type: BLOOD

Report-Date: 02/21/2003 06:36 T

Spec Desc:

Batch: AH80716 Payer: 1

## ( C H E M I S T R Y )

## Results

Test	Normal	Abnormal	Units	Adult Reference Ranges
GLUCOSE		187	MG/DL	70-110

Comments: POSTED @ 6:29.

TW

Director: DR. ZARINA RASHEED

(304) 255-3595

02/20/03  
13:07BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

AIC

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 11:55 J

Rm: 4IC-1 Pers Phys:

PL Rec Date: 02/20/2003 12:14 J

Specimen: AH212431 Type: BLOOD

Report-Date: 02/20/2003 13:07 J

Spec Desc:

Batch: AH80540 Payer: 1

## ( C H E M I S T R Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
SODIUM		134	MEQ/L	136-148
POTASSIUM	4.2		MEQ/L	3.5-5.2
CHLORIDE	99		MEQ/L	98-112
CO-2	23.3		MEQ/L	21-32
UN	12		MG/DL	7-21
CREATININE	1.0		MG/DL	0.5-1.3
TOTAL PROTEIN		8.4	G/DL	6.4-8.2
ALBUMIN	3.6		G/DL	3.4-5.0
CALCIUM	9.2		MG/DL	8.5-10.5
GLUCOSE		131	MG/DL	70-110
SGOT	24		U/L	15-37
BILI. TOTAL	0.56		MG/DL	0-1.0
ALKALINE PHOS		43	U/L	50-136
SGPT	33		U/L	30-65

Director: DR. ZARINA RASHEED

(304) 255-3595



02/20/03

11:44

BECKLEY APPALACHIAN REGIONAL HOSP

306 STANAFORD ROAD

BECKLEY WV

25801

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BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

| ARH#: AH250

AIC

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 11:41

Rm: 4IC-1 Pers Phys:

PL Rec Date: 02/20/2003 11:43

Specimen: AH212444 Type: BLOOD

Report-Date: 02/20/2003 11:44

Spec Desc:

Batch: AH80528 Payer:

## ( C H E M I S T R Y )

## Results

Test	Normal	Abnormal	Units	Adult Reference Ranges
GLUCOSE		118	MG/DL	70-110

Comments: POSTED AND VERBALLY GIVEN AT 11:41 TO REBECCA.

Director: DR. ZARINA RASHEED

(304) 255-3595

*Coverage*  
*RR*

02/20/03  
14:04BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

ARH#: AH250

SSN:

DOB: 11/12/1972

Sex: MALE

IC Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 11:55

m: 4IC-1 Pers Phys:

PL Rec Date: 02/20/2003 12:14

Specimen: AH212431 Type: BLOOD

Report-Date: 02/20/2003 14:04

Spec Desc:

Batch: AH80549 Payer:

## ( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
WBC		13.2	X10 <sup>3</sup> /UL	4.8-10.8
RBC	4.95		X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
HEMOGLOBIN	15.7		G/DL	(M) 14.0-18 (F) 12-16
HEMATOCRIT	45.6		%	(M) 42-52 (F) 37-47
MCV	92.0		CU MI	(M) 80-94 (F) 81-99
CH		31.7	PG	27-31
MCHC	34.4		%	33-37
RDW	11.5		%	11.5-14.5
MPV	7.8			6.2-10.6
PLATELETS	265		X10 <sup>3</sup> /UL	130-400
SEG NEUTROPHILS		70	%	42-75
BANDS			%	0-6
LYMPHOCYTES		20	%	20-40
MONOCYTES		7	%	2-7
BASOPHILS		2	%	0-1
RBC MORPHOLOGY OK		1		Y= YES
PLATELETS		Y		N (NORM) I (INC) D (DEC)

Comments: BH 12

Director: DR. ZARINA RASHEED

(304) 255-3595

02/20/03  
23:31BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH250

SSN:

DOB: 11/12/1972

Sex: MALE

AIC

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 23:14

Rm: 4IC-1 Pers Phys:

PL Rec Date: 02/20/2003 23:26

Specimen: AH212606 Type: BLOOD

Report-Date: 02/20/2003 23:31

Spec Desc:

Batch: AH80681 Payer:

## ( C H E M I S T R Y )

## Results

Test

Normal Abnormal Units

Adult Reference Ranges

GLUCOSE

186 MG/DL

70-110

Comments: Posted at 2315

Director: DR. ZARINA RASHEED

(304) 255-3595

02/25/03  
07:53BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 2  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/25/2003 06:52 P

Rm: 213-1 Pers Phys:

PL Rec Date: 02/25/2003 06:00 P

Specimen: AH214474 Type: BLOOD

Report Date: 02/25/2003 07:53 C

Spec Desc:

Batch: AH81727 Payer: 1

## ( C H E M I S T R Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
GLUCOSE		133	MG/DL	70-110
BUN	10		MG/DL	7-21
CREATININE	1.3		MG/DL	0.5-1.3
SODIUM		135	MEQ/L	136-148
POTASSIUM	3.7		MEQ/L	3.5-5.2
CHLORIDE	101		MEQ/L	98-112
CO-2	26.8		MEQ/L	21-32
CALCIUM	8.8		MG/DL	8.5-10.5

Director: DR. ZARINA RASHEED

(304) 255-3595




02/24/03  
23:29

BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801

Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

ARH#: AH2509

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/24/2003 23:15

Rm: 213-1 Pers Phys:

PL Rec Date: 02/24/2003 23:25

Specimen: AH214359 Type: BLOOD

Report Date: 02/24/2003 23:29

Spec Desc:

Batch: AH81654 Payer:

( C H E M I S T R Y )

Results

Test	Normal	Abnormal	Units	Adult Reference Ranges
GLUCOSE		169	MG/DL	70-110

Comments: POSTED @ 23:15.

TW

Director: DR. ZARINA RASHEED

(304) 255-3595

24/03  
12:12

BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801

Page - 3  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

| ARH#: AH2509

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/24/2003 07:16 R

Rm: 213-1 Pers Phys:

PL Rec Date: 02/24/2003 08:29 R

Specimen: AH213957 Type: BLOOD

Report Date: 02/24/2003 12:12 E

Spec Desc:

Batch: AH81485 Payer: 1

( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
* WBC	9.4		X10 <sup>3</sup> /UL	4.8-10.8
* RBC	4.92		X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
* HEMOGLOBIN	15.5		G/DL	(M) 14.0-18 (F) 12-16
* HEMATOCRIT	46.3		%	(M) 42-52 (F) 37-47
* MCV	94.0		CU MI	(M) 80-94 (F) 81-99
* MCH		31.6	PG	27-31
* MCHC	33.5		%	33-37
* RDW	11.7		%	11.5-14.5
* MPV	8.0			6.2-10.6
* PLATELETS	373		X10 <sup>3</sup> /UL	130-400
- SEG NEUTROPHILS		81	%	42-75
- BANDS		9	%	0-6
- LYMPHOCYTES		7	%	20-40
- MONOCYTES	2		%	2-7
- METAMYELOCYTES		1		0
- RBC MORPHOLOGY OK		Y		Y= YES
- PLATELETS		N		N(NORM) I (INC) D (DEC)

Comments: SB/BH

(\* Previously Reported)

Director: DR. ZARINA RASHEED

(304) 255-3595

Ⓟ

02/24/03  
11:34

BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801

Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

ARH#: AH2509

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/24/2003 11:17 9

Rm: 213-1 Pers Phys:

PL Rec Date: 02/24/2003 11:21 9

Specimen: AH214032 Type: BLOOD

Report Date: 02/24/2003 11:34 9

Spec Desc:

Batch: AH81476 Payer: 1

( C H E M I S T R Y )

Results

Test	Normal	Abnormal	Units	Adult Reference Ranges
------	--------	----------	-------	------------------------

GLUCOSE		115	MG/DL	70-110
---------	--	-----	-------	--------

Comments: Posted at 1117.

Director: DR. ZARINA RASHEED

(304) 255-3595

02/24/03  
17:47

BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801

Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

ARH#: AH2509

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/24/2003 17:28 A

Rm: 213-1 Pers Phys:

PL Rec Date: 02/24/2003 17:35 A

Specimen: AH214216 Type: BLOOD

Report-Date: 02/24/2003 17:47 A

Spec Desc:

Batch: AH81586 Payer: 1

( C H E M I S T R Y )

Results

Test

Normal Abnormal Units Adult Reference Ranges

GLUCOSE

137 MG/DL 70-110

Comments: Posted at 17:28.

Director: DR. ZARINA RASHEED

(304) 255-3595

70



02/24/03  
10:59

ARH REFERENCE LABORATORY  
4TH FLOOR  
1220 HARRODSBURG ROAD  
LEXINGTON KY

Page - 3  
BECKLEY

40533

Patient: MARTIN, WILLIE J

-----  
| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/22/2003 16:00 M

Rm: 213-1 Pers Phys:

PL Rec Date: 02/24/2003 01:44 T

Specimen: AH213371 Type: BLOOD

Report-Date: 02/24/2003 10:59 M

Spec Desc:

Batch: SY24443 Payer: 1

-----  
PRELIMINARY REPORT

- Source Specimen: BLOOD

- No Growth After: 24 HOURS  
-  
-----

- Director: CECILIA B. BELLA, M.D.

(859) 226-2567

C

02/24/03  
10:59

ARH REFERENCE LABORATORY  
4TH FLOOR  
1220 HARRODSBURG ROAD  
LEXINGTON KY

Page - 4  
BECKLEY

40533

Patient: MARTIN, WILLIE J

-----  
| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/22/2003 17:05 R

Rm: 213-1 Pers Phys:

PL Rec Date: 02/23/2003 01:33 T

Specimen: AH213372 Type: BLOOD

Report-Date: 02/24/2003 10:59 M

Spec Desc:

Batch: SY24443 Payer: 1  
-----

PRELIMINARY REPORT

- Source Specimen: BLOOD

- No Growth After: 24 HOURS  
-----

Director: CECILIA B. BELLA, M.D.

(859) 226-2567



02/24/03  
08:24BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 4  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/24/2003 07:16 P

Rm: 213-1 Pers Phys:

PL Rec Date: 02/24/2003 08:16 P

Specimen: AH213957 Type: BLOOD

Report-Date: 02/24/2003 08:24 C

Spec Desc:

Batch: AH81427 Payer: 1

## ( C H E M I S T R Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
GLUCOSE		174	MG/DL	70-110
BUN	11		MG/DL	7-21
CREATININE	1.2		MG/DL	0.5-1.3
SODIUM		135	MEQ/L	136-148
POTASSIUM	4.5		MEQ/L	3.5-5.2
FLORIDE	100		MEQ/L	98-112
CO-2	25.9		MEQ/L	21-32
CALCIUM	9.2		MG/DL	8.5-10.5

Director: DR. ZARINA RASHEED

(304) 255-3595

02/24/03  
08:25

ARH REFERENCE LABORATORY  
4TH FLOOR  
1220 HARRODSBURG ROAD  
LEXINGTON KY

Page - 6  
BECKLEY

40533

Patient: MARTIN, WILLIE J

-----  
| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 11:55 J

Rm: 213-1 Pers Phys:

PL Rec Date: 02/21/2003 01:42 T

Specimen: AH212432 Type: BLOOD

Report-Date: 02/24/2003 08:25 F

Spec Desc:

Batch: SY24405 Payer: 1

-----  
PRELIMINARY REPORT

- Source Specimen: BLOOD

- No Growth After: 3 DAYS

-----  
Director: CECILIA B. BELLA, M.D.

(859) 226-2567

*R*

02/24/03  
08:25

ARH REFERENCE LABORATORY  
4TH FLOOR  
1220 HARRODSBURG ROAD  
LEXINGTON KY

Page - 7  
BECKLEY

40533

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/20/2003 13:28 S

Rm: 213-1 Pers Phys:

PL Rec Date: 02/23/2003 01:33 T

Specimen: AH212435 Type: BLOOD

Report-Date: 02/24/2003 08:25 R

Spec Desc:

Batch: SY24405 Payer: 1

-----  
PRELIMINARY REPORT

- Source Specimen: BLOOD

- No Growth After: 3 DAYS  
-  
-----

- Director: CECILIA B. BELLA, M.D.

(859) 226-2567  
  
E

02/24/03  
09:07BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 3  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/24/2003 07:16 F

Rm: 213-1 Pers Phys:

PL Rec Date: 02/24/2003 07:33 F

Specimen: AH213957 Type: BLOOD

Report Date: 02/24/2003 09:07 E

Spec Desc:

Batch: AH81432 Payer: 1

## ( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
WBC	9.4		X10 <sup>3</sup> /UL	4.8-10.8
RBC	4.92		X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
HEMOGLOBIN	15.5		G/DL	(M) 14.0-18 (F) 12-16
HEMATOCRIT	46.3		%	(M) 42-52 (F) 37-47
CV	94.0		CU MI	(M) 80-94 (F) 81-99
MCH		31.6	PG	27-31
MCHC	33.5		%	33-37
RDW	11.7		%	11.5-14.5
MPV	8.0			6.2-10.6
PLATELETS	373		X10 <sup>3</sup> /UL	130-400

Director: DR. ZARINA RASHEED

(304) 255-3595

02/23/03  
23:31

BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801

Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

SSN:

DOB: 11/12/1972

Sex: MALE

ARH#: AH2509

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/23/2003 23:20 C

Rm: 213-1 Pers Phys:

PL Rec Date: 02/23/2003 23:25 C

Specimen: AH213853 Type: BLOOD

Report Date: 02/23/2003 23:31 C

Spec Desc:

Batch: AH81362 Payer: 1

( C H E M I S T R Y )

Results

Test

Normal Abnormal Units Adult Reference Ranges

GLUCOSE

149 MG/DL 70-110

Comments: POSTED @ 2320---CLJ

Director: DR. ZARINA RASHEED

(304) 255-3595

02/23/03  
18:50BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 1  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: HASAN, SURAYIA T

Coll Date: 02/23/2003 18:10 R

Rm: 213-1 Pers Phys:

PL Rec Date: 02/23/2003 18:37 M

Specimen: AH213730 Type: BLOOD

Report Date: 02/23/2003 18:50 M

Spec Desc:

Batch: AH81327 Payer: 1

## ( C H E M I S T R Y )

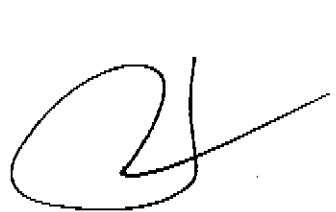
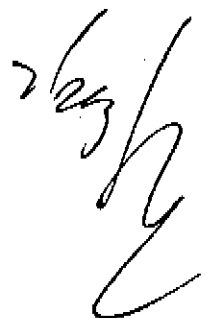
## Results

Test	Normal	Abnormal	Units	Adult Reference Ranges
GLUCOSE		178	MG/DL	70-110

Comments: Posted at 1810;RWL

Director: DR. ZARINA RASHEED

(304) 255-3595



02/23/03  
11:22BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 2  
BECKLEY

Patient: MARTIN, WILLIE J

|ARH#: AH2509

SSN:

DOB: 11/12/1972

Sex: MALE

A2

Ord Phys: HASAN, SURAYIA T

Coll Date: 02/23/2003 11:10 C

Rm: 213-1 Pers Phys:

PL Rec Date: 02/23/2003 11:19 C

Specimen: AH213632 Type: BLOOD

Report-Date: 02/23/2003 11:22 C

Spec Desc:

Batch: AH81238 Payer: 1

## ( C H E M I S T R Y )

## Results

## Test

Normal Abnormal Units Adult Reference Ranges

GLUCOSE

147 MG/DL

70-110

Comments: POSTED @ 1112---CLJ

Director: DR. ZARINA RASHEED

(304) 255-3595

JAC

2/23/03

Appalachian Regional Healthcare Beckley  
306 Stanaford Road  
Beckley, West Virginia 25801

RADIOLOGY REPORT

PT NAME: MARTIN, WILLIE J 30Y M MR#: 000250949  
DOB: 11/12/72 LOC: A2-213-1 ACCT #: 0305100046  
REL DATE: 02/23/03 1142 CI DATE: 02/22/03 1630  
JAFARY, HASSAN (AH) 306 STANAFORD (304) 255-3304  
BECKLEY, WV 25801

Chk-in # Order Exam  
724820 0035 40050 CT FACIAL W/O CONTRST  
Ord Diag: 682.0-CELLULITIS OF FACE

CT OF THE FACIAL BONES WITHOUT CONTRAST:

Helical CT images of the facial bones were obtained in the axial and coronal planes. The previously noted mandibular fractures seen in the study of 02-14-03 are immobilized in good position and alignment with plates and screws as well as dental braces as noted in the facial bone x-rays of 02-20-03. No other new findings seen since the last facial bone x-rays of 02-14-03. The paranasal sinuses remain essentially clear. There are no abnormal fluid collections demonstrated.

IMPRESSION:

Status post internal fixation of the mandibular fracture with good alignment of the fracture fragments.  
No fluid collection in the paranasal sinuses.

/READ BY/ HALBERTO (AH) CRUZ, M.D.  
/Released By/ HALBERTO (AH) CRUZ, M.D.

NCM 02/23/03 1014

FINAL REPORT

Appalachian Regional Healthcare Beckley  
306 Stanaford Road  
Beckley, West Virginia 25801

RADIOLOGY REPORT

PT NAME: MARTIN, WILLIE J 30Y M MR#: 000250949  
DOB: 11/12/72 LOC: A2-213-1 ACCT #: 0305100046  
REL DATE: CI DATE: 02/22/03 1630  
JAFARY, HASSAN (AH) 306 STANAFORD (304) 255-3304  
BECKLEY, WV 25801

Chk-in #	Order	Exam	
724820	0035	40050	CT FACIAL W/O CONTRST
			Ord Diag: 682.0-CELLULITIS OF FACE

CT OF THE FACIAL BONES WITHOUT CONTRAST:

Helical CT images of the facial bones were obtained in the axial and coronal planes. The previously noted mandibular fractures seen in the study of 02-14-03 are immobilized in good position and alignment with plates and screws as well as dental braces as noted in the facial bone x-

rays of 02-20-03. No other new findings seen since the last facial bone x-rays of 02-14-03. The paranasal sinuses remain essentially clear. There are no abnormal fluid collections demonstrated.

IMPRESSION:

Status post internal fixation of the mandibular fracture with good alignment of the fracture fragments.  
No fluid collection in the paranasal sinuses.

/READ BY/ HALBERTO (AH) CRUZ, M.D.  
/Released By/ , M.D.

NCM 02/23/03 1014

Prelim

Appalachian Regional Healthcare Beckley  
306 Stanaford Road  
Beckley, West Virginia 25801

RADIOLOGY REPORT

PT NAME: MARTIN, WILLIE J 30Y M MR#: 000250949  
DOB: 11/12/72 LOC: A2-213-1 ACCT #: 0305100046  
REL DATE: CI DATE: 02/22/03 1630  
JAFARY, HASSAN (AH) 306 STANAFORD (304) 255-3304  
BECKLEY, WV 25801

Chk-in #	Order	Exam	
724820	0035	40050	CT FACIAL W/O CONTRST
			Ord Diag: 682.0-CELLULITIS OF FACE

CT OF THE FACIAL BONES WITHOUT CONTRAST:

Helical CT images of the facial bones were obtained in the axial and coronal planes. The previously noted mandibular fractures seen in the study of 02-14-03 are immobilized in good position and alignment with plates and screws as well as dental braces as noted in the facial bone x-rays of 02-20-03. No other new findings seen since the last facial bone x-rays of 02-14-03. The paranasal sinuses remain essentially clear. There are no abnormal fluid collections demonstrated.

IMPRESSION:

Status post internal fixation of the mandibular fracture with good alignment of the fracture fragments.  
No fluid collection in the paranasal sinuses.

/READ BY/ HALBERTO (AH) CRUZ, M.D.  
/Released By/ , M.D.

NCM 02/23/03 1014

Prelim

2/23

Appalachian Regional Healthcare Beckley  
306 Stanaford Road  
Beckley, West Virginia 25801

RADIOLOGY REPORT

PT NAME: MARTIN, WILLIE J 30Y M MR#: 000250949  
DOB: 11/12/72 LOC: A2-213-1 ACCT #: 0305100046  
REL DATE: CI DATE: 02/20/03 1700  
HASAN, SURAYIA T (AH 224 PROFESSIONAL PA (304) 255-9444  
BECKLEY, WV 25801

Chk-in #	Order	Exam	
722894	0005	10435	XR FACIAL BONES COMP MIN 3 VIEWS Ord Diag: 682.0-CELLULITIS OF FACE

FACIAL BONES:

Limited position examination shows no obvious acute facial bone fracture. There is evidence of internal fixation of the comminuted fracture of the right mandible by plate and screws. The mandible is immobilized by wire loop fixation of the mandible and the maxilla.

IMPRESSION:

Limited examination.  
No obvious facial bone fracture.  
Internal fixation of the right mandibular comminuted fracture.

/READ BY/ MANU (AH) PATEL, M.D.  
/Released By/ , M.D.

DG 02/21/03 1023

Prelim

7/12/2

Appalachian Regional Healthcare Beckley  
306 Stanaford Road  
Beckley, West Virginia 25801

RADIOLOGY REPORT

PT NAME: MARTIN, WILLIE J 30Y M MR#: 000250949  
DOB: 11/12/72 LOC: A2-213-1 ACCT #: 0305100046  
REL DATE: CI DATE: 02/20/03 1724  
HASAN, SURAYIA T (AH 224 PROFESSIONAL PA (304) 255-9444  
BECKLEY, WV 25801

Chk-in #	Order	Exam	
722883	0003	10360	XR CHEST 1 VIEW
			Ord Diag: 682.0-CELLULITIS OF FACE** Portab

CHEST, SINGLE VIEW:

No comparison study. Less than optimally inflated lungs are clear. cardiovascular structures are normal. The bony thorax is intact.

IMPRESSION:


Normal.

/READ BY/ MANU (AH) PATEL, M.D.  
/Released By/ , M.D.

DG 02/21/03 1019

Prelim

\*\* Portable \*\*



02/25/03  
08:43BECKLEY APPALACHIAN REGIONAL HOSP  
306 STANAFORD ROAD  
BECKLEY WV 25801Page - 4  
BECKLEY

Patient: MARTIN, WILLIE J

| ARH#: AH250

SSN:

DOB: 11/12/1972

Sex: MALE

A2 Ord Phys: JAFARY, HASSAN

Coll Date: 02/25/2003 06:52

Rm: 213-1 Pers Phys:

PL Rec Date: 02/25/2003 07:12

Specimen: AH214474 Type: BLOOD

Report Date: 02/25/2003 08:43

Spec Desc:

Batch: AH81744 Payer:

## ( H E M A T O L O G Y )

Test	Results		Units	Adult Reference Ranges
	Normal	Abnormal		
WBC		11.2	X10 <sup>3</sup> /UL	4.8-10.8
RBC		4.63	X10 <sup>6</sup> /UL	(M) 4.7-6.1 (F) 4.2-5.4
HEMOGLOBIN	14.6		G/DL	(M) 14.0-18 (F) 12-16
HEMATOCRIT	43.0		%	(M) 42-52 (F) 37-47
MCV	92.9		CU MI	(M) 80-94 (F) 81-99
MCH		31.5	PG	27-31
MCHC	33.9		%	33-37
RDW	11.5		%	11.5-14.5
MPV	7.7			6.2-10.6
PLATELETS	358		X10 <sup>3</sup> /UL	130-400
SEG NEUTROPHILS	73.2		%	42-75
LYMPHOCYTES	20.2		%	20-40
MONOCYTES	4.9		%	2-7
EOSINOPHILS	1.4		%	0-3
BASOPHILS	0.3		%	0-1

Director: DR. ZARINA RASHEED

(304) 255-3595

E





# LABORATORY REPORTS

BED-004 Feb.20.'03 09:56 RR:16  
MARTIN WILLIE

HR:113 VPC:4 /mC4 /h) STI:1.0

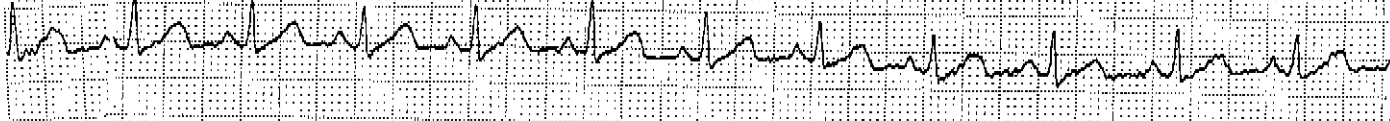
I x1



BED-004 Feb.20.'03 12:00 RR:26 SpO<sub>2</sub>:90  
MARTIN WILLIE

HR:100 VPC:0 /mC105/h) STI:40.3

I x1



TIMER

25mm/s

PQW 50-3-100

BED-004 Feb.20.'03 16:00 RR:0  
MARTIN WILLIE

HR:100 VPC:0 /mC4 /h) STI:1.1

I x1



BED-004 Feb.20.'03 21:44 RR:14 SpO<sub>2</sub>:99  
MARTIN WILLIE

HR:102 VPC:0 /mC8 /h) STI:1.1

I x1



25mm/s

ENDALL MED/TRACE

INSTRUCTIONS: TO ATTACH REPORT, REMOVE PROTECTIVE TAPE BACKING, ALIGN REPORT AND PRESS DOWN FIRMLY, REPEAT PROCEDURE FOR SUBSEQUENT REPORTS.

2/20/03

## Patient Care Problem/Intervention Record

Date/Time	Service	Problem	Intervention Activities & Signature	Results/Outcomes/Resolution & Signatures
0945			30 y old male received to CCU via ambulance direct admit from Federal Prison. Severe edema of face & lips. Mouth is wired from a wiring done 2/15/03 for the mandible. Patient states he is unable to swallow. IV NSS to RAC. SaO <sub>2</sub> 92% in place at 2:15 PM. Cardiac monitor showing Sinus Tach-110.	
1000			Oral suction setup for patient. Low suction. Mouth care done. Wire cutters obtained from OR & placed at bedside for emergency use. BP 161/92. SR-97. Rate 110.	
1045	<del>1045</del> <del>1045</del> <del>1045</del>		Dr. S. Havan into see patient. New orders written. Patient has increase in edema. Respirations & unlabored. NO distress. Continue using oral suction. SaO <sub>2</sub> 92%. Rate 110.	
1145			Dacaron 20mg given IV piggyback. Sinus Tach-100. BP 164/100. Remo 2. refuses to wear. SaO <sub>2</sub> 95%. Rate 110.	
1255			IV site placed to R AC #20. Angiocath. Venipuncture 12. Site A/C A to heparin lock. SaO <sub>2</sub> 99%. Rate 110.	
1400			Resting. Eyes closed. SR 97. BP 161/100. SaO <sub>2</sub> 95%. 2 guards at all times. Rate 110.	
1600			To X-Ray for films of neck & face bones. Rate 110.	

<b>DATA</b>	Admission Date: <u>2/20/03</u> Admission Time: <u>0945</u> ID Band Placed and Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No Information Obtained From: <input type="checkbox"/> Patient <input type="checkbox"/> Family/Relationship Emergency Contact: Name: <u>N/A</u> Home #: <u>N/A</u> Work #: <u>Federal Prisoner</u> Relationship: <u>Federal Prisoner</u> Primary Care Physician: <u>Dr</u> Other Physician: <u>Martin, Willie</u>				Addressograph: AM 000250949 1500 A0305100046 1 MARTIN, WILLIE J. PO BOX 1280 BEAVER, WV 25813 RP 034-68-9083 11/12/72																																														
	BP <u>182/100</u> Pulse <u>106</u> Resp <u>16</u> SaO2 <u>99%</u> % Temp <u>97.7</u> Head circumference <u>          </u> Ht <u>          </u> Wt <u>          </u> <input type="checkbox"/> Stated <input type="checkbox"/> Bedscale <input type="checkbox"/> Standing <input type="checkbox"/> Balanced <input type="checkbox"/> Digital (under 3 yrs.)																																																		
<b>BELONGINGS</b>	<b>Deficit</b> Vision <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hearing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Dental <input type="checkbox"/> Yes <input type="checkbox"/> No Mobility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Assistive Devices</b> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Brought to Hospital Other <input type="checkbox"/> Brought to Hospital R Aid <input type="checkbox"/> L Aid <input type="checkbox"/> Other <input type="checkbox"/> Brought to Hospital Uppers <input type="checkbox"/> Lower <input type="checkbox"/> Both <input type="checkbox"/> Brought to Hospital Bridges <input type="checkbox"/> Partial <input type="checkbox"/> Retainers <input type="checkbox"/> Brought to Hospital W/C <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Other <input type="checkbox"/> Brought to Hospital Brought to Hospital		<b>Influenza</b> Oct. 1 - Jan. 31 (Annually) <input type="checkbox"/> Age 50 or older <input type="checkbox"/> Less than 50 with high risk conditions-chronic diseases <input type="checkbox"/> Immunized this season <input type="checkbox"/> Allergic to thimerosal (a mercury derivative & preservative in contact solution) <input type="checkbox"/> Previous reaction to vaccine Describe: <input type="checkbox"/> Order obtained: <input type="checkbox"/> Vaccine administered <input type="checkbox"/> Vaccine not administered Why? <input type="checkbox"/> Refer to obtain as out patient <input type="checkbox"/> Education & materials provided		<b>Pneumonia Assessment</b> Year-round (given only once) <b>RISK ASSESSMENT</b> <input type="checkbox"/> 65 or older <input type="checkbox"/> Less than 65 with high risk conditions-(chronic disease) <b>CONTRAINDICATIONS</b> <input type="checkbox"/> Previously received shot <input type="checkbox"/> Allergy to thimerosal <input type="checkbox"/> Acute febrile illness <input type="checkbox"/> Previous reaction to vaccine Describe: <b>VACCINE INDICATED</b> <input type="checkbox"/> Order obtained: <b>VACCINE ADMINISTRATION</b> <input type="checkbox"/> Vaccine administered <input type="checkbox"/> Vaccine not administered Why? <input type="checkbox"/> Refer to obtain as out patient <b>EDUCATION</b> <input type="checkbox"/> Education & materials provided																																												
	<b>Jewelry/Valuables</b> List: 1. <u>          </u> 2. <u>          </u> 3. <u>          </u>		<input type="checkbox"/> Kept at Bedside <input type="checkbox"/> To Safe <input type="checkbox"/> Given to Family <input type="checkbox"/> Informed of Valuables Policy																																																
	<b>Present illness/reason for hospitalization:</b> <u>edema face</u>				<b>Previous surgeries, illnesses or hospitalizations:</b> <u>ORIF-Mandible a wing-2</u>																																														
	Have you or your relatives had any problem with anesthesia/sedation (high fever, difficulty awakening) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:																																																		
	Current Medications/Treatments: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - (List Below) <b>**List all prescription and over the counter medications e.g. vitamins, diet aids, aspirin, herbs, laxatives, inhalers and recreational drugs.</b>																																																		
	Pediatrics: Immunizations up-to-date <input type="checkbox"/> Yes <input type="checkbox"/> No																																																		
<b>HISTORY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Dose</th> <th>Freq</th> <th>Last Taken</th> <th>DOS (PSC)</th> </tr> </thead> <tbody> <tr> <td><u>Tylenol #3</u></td> <td><u>1</u></td> <td><u>TID</u></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Dose	Freq	Last Taken	DOS (PSC)	<u>Tylenol #3</u>	<u>1</u>	<u>TID</u>																		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Dose</th> <th>Freq</th> <th>Last Taken</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name	Dose	Freq	Last Taken																
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	<u>Tylenol #3</u>	<u>1</u>	<u>TID</u>																																																
Name	Dose	Freq	Last Taken																																																
<b>Disposition of Meds:</b> <input type="checkbox"/> Sent home with family <input type="checkbox"/> Locked on unit <input type="checkbox"/> Sent to Pharmacy <input type="checkbox"/> With patient <input checked="" type="checkbox"/> None brought Alcohol: How often do you drink? <u>          </u> Average # of drinks/day <u>          </u> Time of last drink <u>          </u> DT's <u>          </u> Describe current Tx: <input type="checkbox"/> None <input type="checkbox"/> Counseling <input type="checkbox"/> Medications <input type="checkbox"/> Other																																																			
<b>Allergies:</b> <input checked="" type="checkbox"/> None known <input type="checkbox"/> Allergy Band Placed (list allergies to drugs, foods ▲ tapes, latex, environmental substances, herbals)																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item/Drug</th> <th>Reaction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Item/Drug	Reaction							<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item/Drug</th> <th>Reaction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Item/Drug	Reaction																																						
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MULTIDISCIPLINARY ADMISSION FORM

Martin, Willie  
 34688-083



APPALACHIAN REGIONAL HEALTHCARE

## PROGRESS NOTES

UNIT AND/OR SERVICE

HISTORY  
UNIT NO.PATIENT'S  
NAME

AH 000250949

A0305100046

150002

MARTIN, WILLIE J.

PO BOX 1280

BEAVER, WV 25813

RP 034-69-9083 11/12/78

ATTENDING PHYSICIAN

9.20.03.

Collected from 8 orders

probability to samples

State contracts RPO Success

DIN

EP representing

Hep C. OA

HIV detected

See

Nursing Note 9/21/03 @ 1100. S) Speech unimpaired - jaws wired. A) @ n/v, d. need for pain med @ this time. Moderate edema to @ n/v jaw/face. Tttrb. Wre cutters @ desk. 2 guards @ bedside.

Hands bandaged to avoid @ sl of distress @ this time.

P) Monitor for n/v, suction <sup>and</sup> directions PR - nicotine PR -

CB in reach

Monogor

BOTH SIDES OF THIS SHEET MAY BE USED

2/21/03 Clinical Nutrition Note: Pt identified via mother concerned. Pt reports ~15# wt loss since mouth was Request Milkshakes, unable to provide @ present 2° CL diet.

O: 30yo ♂ Ht: 63" Wt: 160# Drow: 124+/-10% Dx: Cerebellar atrophy  
 Sp surgery for fx(R) jaw Pmt: DRIF Mandible wiring 2/18 DM  
 meds, GB disease Sp Cholecystectomy, surgery for PUD, ETON, drug  
 Hep C & A labs: 2/21 Glu 199, 2/20 BUN 12, Cr 1.0 Na<sup>+</sup> 134, K<sup>+</sup> 4.2, Ca<sup>++</sup> 9.1  
 Tot Prot 8.4, Alb 3.6 TeA Meds: Hum R SS, IV D5 1/2 NS @ 50 cc/hr  
 Diet: CL

A: Pt's mouth would shut. Taking fluids via syringe. Hx noted to ↑ Glu on SS insulin coverage. Rec'd advance diet to full liquid c/night shakes TID. To better meet nutritional needs. CL diet inadequate in all nutrients x Vit C. Encouraging intake as would benefit from advance in diet to prevent deterioration of nutritional status Will be advised P. Rec'd advance diet to full liquid c/night shakes TID  
 ——— Cyndy R. R. R.

2.21.03.

neck data

Can make noise,

Face still swollen

lips swollen

liver ok

liver

abs Ⓞ



APPALACHIAN REGIONAL HEALTHCARE

## PROGRESS NOTES

UNIT AND/OR SERVICE

HISTORY  
UNIT NO.PATIENT'S  
NAME

AH 000250949

150008

A0305100046

1

MARTIN, WILLIE J.

PO BOX 1280,

BEAVER, WV 25813

RP 334-68-9083 11/12/72 M

ATTENDING PHYSICIAN

Dg 019

See by live oral surgeon

Clear yr to Rt. Side

↓ Debridement

Cauterize O budawap

CPR

R40 ( R40

See

2/21/03 @ 2200 (S) "lim skay" (O) Resting in bed. Cal  
 Call bell in reach (A) A+O x3. Jaws wired  
 Edema noted to (L) side of face. Steri strips to  
 neck intact. Respir. even & unlabored. No  
 distress noted (P) Monitor respir. status,  
 I+O, VS

S. Cook

2/22/03 Saturday

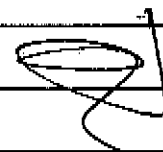
22203 1030 Nurses Notes: S+O+ A alert, oriented when awake,  
 resting quietly at this time, no pain either to jaw neck  
 which was effective, jaws swollen, able to swallow liquid  
 clear dyspnea, medioclavicular clear, steri strip to neck intact  
 Pnaunder NO, anes for pain, assist EAD, guards & 2 ax  
 sole, call bell in reach

BOTH SIDES OF THIS SHEET MAY BE USED



IM  
 7/24/03 /  
 Facial Swell /  
 Afel / Vital Sign Stab  
 Neck Suppl.  
 Heart /  
 After /  
 Sp. facial  
 swell  
 - leukocytes /

① IV Time in 3.1 gm CEGM  
 ②



2/22/03 @ 2035 (S) "I'm OK" (O) In bed. Watching TV. O/S's pain, discomfort. HOB ↑. SR ↑ x 2  
 Can belt in reach. Wire cutters available. (A) A, O, x3. Denies pain, dyspnea, dysphagia. Slight  
 dysphasia R/T jaws wired. Skin pink, w/o. Slight edema bilat jaws. Ø throat edema  
 noted. Resp even, nonlabored. Lungs clear. Denies cough. Steri strips R neck, 90li.  
 Abd soft c@B's. Ø peripheral edema. Voiding s difficulty. Ø S's distress. (P) Monitor  
 140, VS, labs. Monitor for pain, N/V, dyspnea, dysphagia. Assist c ADL's. — *[Signature]*  
 2-23-03 0935 Nurses note: S' "Mama" O lying in bed watching TV  
 A alert, oriented, still has edema to both jaws, lucid as to R neck  
 c steri strips dry and intact, able to swallow liquids, no dyspnea  
 breath sounds clear, 2 quads at heel sole P monitor 140, norm  
 Subwells, assess for pain, assess for dyspnea, call bell in  
 reach — *[Signature]*



APPALACHIAN REGIONAL HEALTHCARE

## PROGRESS NOTES

UNIT AND/OR SERVICE

HISTORY  
UNIT NO.PATIENT'S  
NAME

AH 000250949 150008  
 A0305100046 1  
 MARTIN, WILLIE J.  
 PO BOX 12801  
 BEAVER, WV 25813  
 RP 034-68-9083 11/12/72 M

ATTENDING PHYSICIAN

1/24/01 W. facial Swell. W.  
 low jaw line.  
 Neck sup. W. facial Swell.  
 Height W. CT/ internal  
 Head W. for jaw  
 extra narrow nose  
 X P W. jaw Swell.  
 IV W. working  
 in clindamycin.  
 Hant W. in am.  
 Dwyne W. large as usual

BOTH SIDES OF THIS SHEET MAY BE USED